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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### OCULIST AND OPTICIAN.

BY G. T. FOX, M. D.,  
Of Bath, Pa.

In looking over the REPORTER of recent date, I came across a communication of Drs. L. Webster Fox and George M. Gould, of Philadelphia, subject: "The Oculist, the Optician and the Public," which I read with a great deal of interest. The subject was treated entertainingly and practically, and it is the complete conviction of the truth of my experience that leads me to comment on a subject of so vital importance. We agree with the writers on this subject, that the supplying of spectacles is a function of profound importance to the community at large. Yet this office is shamefully prostituted; and how often does the thoughtful, conscientious oculist realize that the problem of the oculist's and the optician's relations deserves renewed and vigilant consideration in order that some reformatory means may be devised through which evils of omission and evils of commission pertaining to the professional relations between oculist and optician may be corrected. I lay nothing at the personal door of any particular optician, but aim solely to reach some analysis of the principles on which our mutual relations are conducted, and get some periscope of the ground lying between the individual provinces of oculist and optician. And in this connection let me premise that as business men the generality of opticians excel the generality of oculists. They are enterprising gentlemen, who guard and exalt their opportunities

with pious, almost Spartan fidelity, who make their profession the *medium of business*, and neglect no means that comes within their reach to advance their pecuniary interests. The optician stands on the same plane to the oculist as the druggist does to the physician. If the druggist, disloyal to the confidence and purpose of the physician, cuts off a large measure of his just support by prescribing, he is wholly outside his province. So the optician who prescribes glasses presents the impolitic virtue of surreptitiously appropriating and guillotining the oculist's income.

In taking a comprehensive glance at the inter-professional domain of oculist and optician, we perceive that the office of the oculist is peculiarly that of discerning the nature of the optical defect of his patient, and directing orally or by prescription, indicating the kind of lenses proper for the relief and restoration of vision; while professionally, it is the office of the mechanical optician to grind the lenses as ordered by the oculist.

In our country towns our jewelers do quite a large trade in selling spectacles; but I must say this to the credit of a number of jewelers—that if they meet with cases that they don't well succeed in fitting with glasses, and suspect refractive errors, they will invariably send them to me for correction. There is no class of men that does more injury to the eyes of the public than these traveling oculists, or better, charlatans and impostors, who go from house to house selling spectacles. We have had them travel through this and neighboring counties. They are always foreigners; style themselves "Prof.," put on a commanding air. They have not the slightest knowledge of the theory of optics

or the mechanical process by which a lens is made; but by a voluminous flow of glibberish they overpower their victims and tell them "Zur, you spile your eyes mit dem spectacle you wear; you youst dry dis ones." Here, in all probability, a higher-power lens is handed. "Don't you see better? Dem be de finist Brazilian bebbles; I grinds dem myself in my factory." And thus by lying they get from five to ten times as much as these spectacles are worth; and nine times out of ten the buyer finds out when it is too late that he has been imposed on and cannot wear the glasses. Only last week a party came to my office and told me how he had been imposed on by such an itinerant rascal, paying him \$12 for spectacles that are not worth \$1 to him. I told him it served him right. I know of a half dozen parties in this neighborhood that have paid in the aggregate between \$75 and \$100 for spectacles to an itinerant oculist—a "Prof.," of course—and I am told by good authority that they all confess they are no good. One of these traveling impostors had the impudence to use my name, stating that he furnished me with all the glasses I prescribe; but this was disbelieved by a great many where he made these unwarrantable assertions.

If time would permit, I could cite a number of cases similar to the one of Dr. Fox, of Philadelphia, when the selection of glasses by the patients themselves proved detrimental to vision; but our limited space forbids it, and I will refer to one case in our town, where a lady made her own selection. She suffered a great deal from neuralgic pains, as was supposed, for which she was treated at various intervals. The presbyopia increased; again a change in glasses was made, which only gave temporary benefit. At last one of these traveling impostors, with his unwarrantable pretensions as to skill, promised a speedy cure for her optical defect. But alas! the pain would return, and the dimness of vision increased. She then applied to me for relief, but I was obliged to tell her that the time for relief was wasted. She had chronic glaucoma, and sight now is irrevocably lost.

We cannot leave this subject without referring to the valuable paper that was read before the Baltimore Academy of Medicine by J. J. Chisholm, M. D., and published in the same number of the *MED. AND SURG. REPORTER*, subject: "Rest for Painful Eyes—Is this Always Good Advice?" I have no personal acquaintance with Dr. Chisholm, but have known him by reputa-

tion for a number of years, and have had the pleasure of communicating with him on subjects pertaining to ophthalmic and aural surgery, and his answers to my queries have always been very much appreciated, imparting sound practical advice. Every medical practitioner is constantly meeting with cases such as are described in Dr. Chisholm's paper, where there is sufficient suffering and impairment of working power of the eyes to demand serious attention. Headache due to eye-strain is very common, and the doctor's statement that "headaches which come on with the use of the eyes, and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend on gastric, hepatic, cerebral or uterine troubles, as is commonly believed," is the complete conviction of the truth of my experience. I have time and again satisfied patients that their brains, stomachs, livers, kidneys, or uteri were healthy, and the cause of their headaches was due to faulty refraction, and by giving them properly selected glasses I cured these headaches from which they had suffered for years, and which naturally would defy all manner of medical treatment. I can perhaps in no way better illustrate this than by citing my own case. I had always been a great sufferer in my head from my youth up, with frequent attacks of conjunctivitis and blepharitis ciliaris, which began to form in early years, which always became aggravated when I used my eyes in study. Riding in the cars a dozen miles would bring on a violent attack of sick headache, with retching and vomiting, so that I was obliged to take to my bed, which was always looked upon as a gastric and hepatic disturbance, and I would take medicine accordingly; but the headaches would return again and again, and especially when I would exert my eyes by long and continued study. Being almost reconciled to the inevitable, expecting to remain a victim of headaches for life, I came across an article published by my friend, Dr. P. D. Keyser, of Philadelphia, some ten years ago, "On Defects in Refraction and Accommodation." This to my mind clearly pointed out the origin of my case, and led me to an examination of my eyes, and I found that I had faulty refraction from astigmatism. It is now ten years since I began to wear glasses; the blepharitis ciliaris is cured, the headaches are eradicated and bygone, only to be remembered from the years of torture through which I passed. I now travel on an average from 500 to 800 miles every month by rail, but no return of headaches. Nothing but

the careful adjustment of minus cylindrical glasses has cured me.

It would be the height of folly for the specialist to attribute all the ills of humanity to a derangement of the organs which he has made a study, and no one who has sound knowledge and practical experience will pursue such a course; he knows the bond of sympathy between every organ of the body; he knows of the many and varied reflex troubles that we have to contend with; and if I hear of a specialist that attributes all ills to the special organ which he makes a study, I consider him a fanatic, a bane of modern medicine, and my advice would be, let him alone severely. In taking a glance at ophthalmic surgery, and especially the subject of refraction as rationally practiced, when contrasted with the stereotyped course as followed by many physicians, many deductions may be drawn. We not only find much to learn, but much to unlearn. I have not attained, nor do I expect, the amount of success of those who practice their chosen specialty exclusively. Yet I have the gratification to see some evidence at least that my labors have not been in vain. And the surest way of gaining that end is by studying and paying due respect to the rules, methods, and precepts of the acknowledged "lights" in these special branches of medicine. In this age of diffusion of medical knowledge—by means of the medical journals—many physicians are on the alert to distinguish eye headaches from the headaches due to other organic disturbances, and usually invoke the aid of the oculist to remedy the evil. But there are others in the profession who are "wise in their own conceit," who will accuse the specialist of being "*novitatis potius quam veri studiosus*," but it must be borne in mind that the medical art is progressive. Science seems to be on the verge of letting in the dawn of a new day, and the readers of our valuable MEDICAL AND SURGICAL REPORTER are catching the rays transmitted and thrown off by these "special lights," thereby receiving constantly useful information, and through this reading become better qualified to perform the duties of the profession. Therefore, let the men engaged in special branches of medicine make their experience, their methods, and plans of treatment, known through journals for the benefit of their professional brethren, who, feeling the greatness of their mission, labor for the welfare of mankind. There is much to learn, and there yet remains very much land to be possessed in the work of original investigation; and this applies to all

branches of medicine. Hence, let the physicians who have had the opportunity of noting the progress in medicine, who have observing minds and mature judgment, who show, as their years increase, their activity and professional enthusiasm does not diminish—let them keep their pens in motion. What they write has weight; it is always acceptable. And the physician who reads medical journals with regularity is always furnished with some new hints, and thus keeps abreast of medical progress. We are always learners, and find that much needs to be supplemented both in knowledge and experience to become master of the science and expert manipulators of the art. "Work, watch, and wait," should be every physician's motto, and be satisfied with no attainments, however high. The *ultima thule* lies beyond.

## THE PRACTICE OF MEDICINE BY THE CHINESE IN AMERICA.

BY STEWART CULIN,

Of Philadelphia.

Many of the Chinese stores in our American cities keep a supply of Chinese drugs, and all of them sell Chinese proprietary medicines, such as pills to aid digestion, the "red pills,"\* *Shá hi ün*† for cholera, catarrh snuff, and other specifics compounded in the Canton drug shops. These are always neatly packed and labeled, and accompanied with printed directions for their use.

But there is often a regular drug business, usually carried on by a separate company, in the stores, and a supply of drugs comprising many, if not all, of those called for in their practice, contained in numerous boxes and drawers on one side of their shops. Here, often, a Chinese doctor, usually some poor and broken-down student, who ekes out a living by assisting at the drainings of the lottery, has his office.

With a desire to learn something of the method of treatment and obtain some practical knowledge of the Chinese *materia medica*, I recently called upon a doctor connected

\* The red pills, *shá hi ün*, spoken of by the Abbé Huc and other travelers, are highly esteemed among the Chinese here as a specific for diarrhoea and bowel complaints. Their entire composition is a secret, but they are known to contain calomel and the aromatic root of a water plant, *she héung*.

A ball of earth called *shim si*, "toad butter," which the toad carries in his mouth during the dry time in autumn (sic), is reputed to form an active ingredient in the *shá hi ün*. They are said to lose their virtues after being kept longer than a year.

† In the absence of Chinese type, the Chinese words are rendered in the English equivalents of the Canton dialect, according to S. Wells Williams.

with one of the principal Chinese stores in Philadelphia, and requested him to prescribe for a cold on the chest from which I was suffering.

The doctor was a pleasant-mannered man of about forty years of age. Resting my hand upon a book, he carefully felt my pulse, first on the left wrist and then on the right, delicately compressing the artery and gradually relaxing the pressure. Then, without inquiring about the symptoms of my complaint, he wrote the prescription, a fac simile of which is herewith reproduced. The fifteen medicines called for are all of vegetable origin. The following transcription of their names, with some notes on their properties, and the quantities indicated in the prescription, may not be without interest.\*

*Shau wu* (a root highly valued as an aphrodisiac, said to have received its name from Ho Shau Wu, a resident of Szechuen,

who lived unmarried until the age of 54 years, when he discovered the peculiar qualities of this root. He then married and had several children, and his life was prolonged by its use to the ripe age of 110 years). 4 *ts' in* (15.08 grams.)

*Un chi* (a root from Szechuen, a tonic), 2 *ts' in* (7.54 grams).

*Kau chaok* (a plant of hair at crown of root from Fukien province) 4 *ts' in* (15.08 grams).

*Kat kang* (belwort, root of the *Platycodon grandiflorum*, a tonic and stomachic), 3 *ts' in* (11.31 grams).

*Pak cheuk* (root of *Ponia albiflora*, a tonic, sedative, and alterative), 2 *ts' in* (7.54 grams).

*Pak shut* (a sweetish sort of root; a tonic much valued as an aid to digestion; from Chéhkiang province), 2 *ts' in* (7.54 grams).

*Ts' z' shat* (the seeds of the *Euryale ferox*; a tonic; from Kiang-su province), 4 *ts' in* (15.08 grams).

*Ch' ün pui* (a demulcent; from Szechuen province), 3 *ts' in* (11.31 grams).

*Ün ts' am* (a root used to check internal hemorrhage and for coughs and colds; from Chéh kiang province), 3 *ts' in* (11.31 grams).

*Chák sé* (a root taken for diseases of the kidneys, as its name implies, a diuretic), 3 *ts' in* (11.31 grams).

*Ts' un k' au* (dried roots of the *Gendarussa*, given in cases of rheumatism and fever), 3 *ts' in* (11.31 grams).

*Tsò yan* (seeds of a species of *Rhamnus*, probably the *Rhamnus saporiferus*, a soporific), 2 *ts' in* (7.54 grams).

*Tung fa*, "Winter flower" (flowers of a plant resembling the chrysanthemum) 4 *ts' in* (15.08 grams).

*Song pak* (the white skin from the roots of the mulberry tree), 4 *ts' in* (15.08 grams).

*Hau p'ok*, "thick bark" (the bark of a tree from Szechuen), 3 *ts' in* (11.31 grams).

A clerk in the store weighed out the different articles with a small Chinese balance, and deposited them together on a piece of paper, first powdering the *ch' ün pui* in an iron mortar, and roasting the *tsò yan* in a pan; the *pak cheuk* was moistened with whisky before being placed with the mass. All was then put in a pot with four large cups full of cold water, and boiled for half an hour. The decoction I was enjoined to drink warm before going to bed.

Should this medicine have failed to relieve me, the doctor, upon my next visit, would have varied his prescription. The charge for the medicine was fifty cents, the

\*The writer is indebted to the Catalogue of the Chinese Imperial Maritime Customs Collection at the United States International Exhibition, 1876, Shanghai, 1876, for much of the information used in preparing these notes.



price of each ingredient being computed separately. The doctor's fee was one dollar, this being the usual charge for each consultation. Their expenses are paid when they make visits at a distance.

The doctors, called *i shang*, of whom there are now four in Philadelphia, are usually from the *Sam Yap*, or "Three Districts," immediately adjacent to Canton city. They are much better educated than the mass of the people. None of any repute at home come to America, but it is said there are several very skillful ones in San Francisco and some of the western cities, who have a large practice among Americans. Those in New York and Philadelphia rank very low in their profession, in the estimation of their countrymen. They are all dignified with the title of *sin shang*, equivalent to master or teacher, the only title of respect current among the Chinese in the American cities, and shared with the men who manage the drawings of the lotteries.

A slight knowledge of medicine is general among the people. They have been accustomed to take medicines from their childhood, when their mothers, by a kind of sortilege, selected some simple prescription to relieve their infantile complaints. The study of the physician's art is not confined to their doctors. Many others buy and read works on the subject that are sold in their stores, in which very exact directions are given for the treatment of all the diseases known to them.

The book generally referred to is the *Tsung e kam kám*, or "The Golden Mirror of Medicine," a collection of medical works compiled by order of the Emperor Kienlung, in 1740. The Canton reprint sold here is contained in forty small octavo volumes, the first thirty of which are devoted to *nui fo*, or "internal medicine," while the remaining ten comprise the *Kam kám ngoi fo*, or "Golden Mirror of External Practice," by 'Ng Him. The price of the complete set here is about \$2.25.

While the Chinese in our eastern cities are superstitious, and cherish many of their native beliefs, they do not worship any particular god of medicine, and the practice of medicine among them is comparatively free from superstitious observances. Sick people sometimes burn copies of the charms found in the popular works on divination and magic, and drink tea made from the ashes, but this is done with very little serious belief in the efficacy of such treatment.

In cases of prolonged illness, a friend of the sick person is sometimes sent to the local shrine of Kwan tai, the divinity generally

worshiped, to burn incense and ask the will of heaven as to his recovery by throwing the divining sticks.

Diseases which do not succumb to the treatment after being correctly diagnosed and the right medicine administered, are looked upon as due to the influence of a spirit or devil. Hysteria is generally regarded as an evidence of demoniac possession.

The people as a class are very healthy; venereal diseases and the complaints resulting from an excessive use of opium are the most common. They call upon their own doctors when ill, but are much averse to taking foreign medicines or submitting to the treatment prescribed by American physicians. They regard opium as a specific for colds and many complaints, and in slight disorders resort to their pipe before consulting a doctor. Chinese ginseng is highly valued for its supposed strengthening and life prolonging qualities (it is not looked upon as an aphrodisiac), and is taken in the form of pills or made into a tea by many of the older men in the spring of the year. American ginseng is seldom if ever used here.

Calomel is prescribed in syphilitic diseases. Quinine is known as *kam kai náp*, doubtless a Chinese transcription of *cinchona* and that sold in their stores is imported from China. It is prescribed for violent chills, and is looked upon as a very strong and dangerous medicine. With a few exceptions, mineral remedies are seldom employed, and roots, barks, and herbs, administered in the form of teas, constitute the principal drugs used. Many of these are not regarded as possessing any particular virtues, and some are retained solely through a tradition of cures once effected by them. Custom has ordained that a prescription shall contain a number of ingredients, of which, may be, two or three only are considered to have any direct effect.

The doctors show much solicitude about administering any medicine that may cause a fatal result, owing, no doubt, to the penalties inflicted in China upon such misadventures, so that their treatment in general, if not beneficial, does no particular harm to their patients.

—An Iowa quack told the Iowa State Board of Examiners that strychnine was the solid extract of belladonna, and that the dose was two to five drops. He has practiced in Nebraska for three years. Another told the Missouri State Board of Pharmacy that brucine was obtained from opium.

## SOME RECENT STUDIES AND OBSERVATIONS ON TINNITUS AURIUM.

BY LAURENCE TURNBULL, M. D., PH. G.,

Aural Surgeon Jefferson Medical College Hospital, Phila.

(Continued from page 35.)

*Tinnitus the Result of Diffused Desquamative and Furunculous Inflammation of the Auditory Meatus and Drum Membrane.* See a list of cases in our manual, page 466, new edition.

*Hypertrophic Disease of the Middle Ear as Cause of Tinnitus Aurium, and its Treatment by Nitrite of Amyl.*—Dr. Alt reports some favorable cases of tinnitus aurium treated by this agent, D. J. Michel, of Hamburg, employed this remedy as early as 1877, in twenty-five cases, and Dr. Urbantschelich, still later, in six cases. More or less improvement occurred in twenty-one cases, but only in three did the tinnitus disappear entirely from one ear. From one to five drops of the remedy was inhaled at a sitting.\* We have employed this agent since 1878 in various forms of tinnitus, especially the cases of hypertrophic changes in the middle ear, and in affections of the labyrinth, as recommended by "Michel." A few were benefited, but the majority were not improved, and in none was there a permanent cure by it alone, i. e., pure and simple.

*"Tinnitus Aurium" Due to the Excessive Use of Tobacco.*—If tobacco, in its moderate use, causes tinnitus aurium, or deafness, what an immense number of persons would be deaf or troubled with noises from this cause! As before stated, however, the excessive use of tobacco exercises a deleterious influence on the heart, and by reflex irritation on the eye and ear.

There are a certain number of persons who have catarrhal and middle-ear deafness from cold, and the noises which accompany it. These persons suffer much more when they indulge in the excessive use of tobacco, and especially is this the case when smoking out of doors is indulged in. There are other individuals who, when they smoke a single strong cigar, will have functional disturbance of the heart, with increase of the pulse, and irregular action of the heart with noises in the ears. The only effectual cure is for them to give up the use of tobacco absolutely, and be properly treated for catarrhal inflammation of the ear, throat, etc.

*The Influence of Aural Diseases Upon Nervous and Mental Disorders.*—The neuro-

logists and psychologists do not estimate the importance of this subject, or give it due attention in their examinations. The essay\* is a "condensed resumé" of the pertinent literature of the subject, and dwells on the importance of the subject. He reports a case of a man about fifty years of age, an enterprising, moral, sober-minded person, a successful merchant, who had enjoyed uninterrupted good health previous to the accession of the persistent and "peace-destroying" tinnitus which caused him to abandon his business and give up family and friends; but in all his wanderings over the world he was still pursued by his tormentors, and finally shot himself the night after he had consulted with Dr. Catlett, who is unable to report whether his hallucinations had any association with aural disease, as he was unable to examine the condition of his ears. He concludes with the following observations on a case of insanity, which if not caused by, was increased and maintained by aural disease: The disease was obstruction from old purulent discharge from both ears with perforations of the membrana tympani: "Daniel J. H—, admitted into the asylum October, 1882, aged twenty-one years, single, occupation a farmer. He has been a man of good moral habits, except somewhat addicted to masturbation. He has had aural inflammation in both ears as the result of scarlatina since he was eighteen years old, and had a discharge of matter from both ears since that time. First attack, duration an indefinite period, as he has been eccentric for some years. His insane peculiarities are confined to his peculiar restlessness and constant circular motions, walking round in a circle to the right. He has tinnitus aurium, hears persons conversing with him, frequently looks out of the window to see who the persons are whom he hears talking, etc. The paternal aunt was insane. No other history of heredity. He suffers from insomnia, but eats well; is self-willed and perverse. He is suspicious of persons, and is fearful of personal injury. He is very obstinate, and refuses to comply with the requests of the physician and attendants; was compelled to restrain him to examine and treat his ears. Found both auditory canals filled with hardened, dried pus.

When the obstructions were removed, found both drum-heads perforated, and a purulent discharge from the middle ears. Both Eustachian tubes were free, as bubbles of fluid could be seen escaping through the

\*Turnbull, Manual of Anæsthesia, second edition, pages 133-4.

\*American Journal Insane, 1884, 5 xli., 275, by the late George Catlett, M. D., St. Joseph, Mo.

ears when air was forced through the tubes. Hearing improved, and the auditory sound diminished, and the hallucinations became less; also the disposition to keep in motion either in the right circular direction or otherwise as the disease in the ears improved. Without further details of the case, it is satisfactory to state that this man returned home in four months sane, and apparently well of his aural disease.

There are some forms which in time, if neglected, become almost a mental malady if the brain is diseased or if there is a hereditary tendency in the family to insanity; but we have never known a case of suicide from this cause, and our opinion is confirmed by the late Dr. Kirkbride, who for so many years was the physician-in-chief of the Pennsylvania Hospital for the Insane, Philadelphia, expressed in a letter to the writer: "I do not recall a case of insanity really owing to aural disease, although I think that defective hearing often aggravates some of the delusions of the insane, and disorder of the hearing apparatus is not frequent in insanity."

Dr. J. H. Worthington, physician-in-chief of the Friends' Asylum for the Insane, Twenty-third ward, Philadelphia, thus writes: "I never knew a case of mental disorder which owed its existence to such disease (aural), nor any case of suicide in consequence of tinnitus aurium."

A similar opinion is expressed by Dr. John Curwen, chief physician of the Pennsylvania State Lunatic Hospital, Harrisburg, who had also a long experience as first assistant.

I can find but only two or three deaths in tens of thousands of cases. As tinnitus aurium is one of the chief symptoms of acute and chronic catarrh of the middle ear, it is no wonder that in the immense number of such cases seen by the numerous specialists all over the world, that the brain may have become affected in those few cases and disturbed the reason of a weak person. Even to inform such a one "*that he would not get any relief from this very trying symptom,*" is itself almost sufficient to produce the result. So far as we are informed, there was no diagnosis in one or two of the cases as to the disease being simply of the middle ear or the labyrinth and brain, by the method whether a tuning-fork was heard louder in air or through the bones of the head.

Dr. C. E. Wright published a case under the care of Dr. Parr, in the Indiana State Asylum for the Insane, who placed a steel button in her ear (as children often do).

Several ineffectual attempts were made to extract it while in the asylum, but in spite of it the patient recovered her sanity. She was termed cured. For a year and a half it constantly annoyed her, but produced no symptom of insanity. Her friends fearing a return of the mania (which of itself was not the cause), Dr. Parr sent her to Dr. Wright, who removed it under the influence of an anæsthetic. This confirms our own examinations and correspondence, and gives a more hopeful and proper view of even the worst form of this affection.

Our rule should be that if there is any hereditary tendency to mental disease, and there are persistent hallucinations resembling any of the forms we have given as examples, care should be taken that the ears be examined, and, if it be possible, this symptom removed.

Always endeavor to encourage the patient by suggesting that an improvement may occur by varying the treatment, and also by being able to state that the brain or auditory nerve is seldom involved, and that as a rule it depends in the great majority of instances on some slight change in the muscles, ligaments, or blood-vessels of the middle ear, which may cause increased pressure in the labyrinth. Hundreds of such cases are relieved by simply removing the offending cause.

*Tinnitus Aurium Produced by Aneurismal Dilatation of the Left Posterior Auricular Artery.\**—We have had two cases of this form of tinnitus. In both there was a peculiar whistling and puffing sound (aneurismal thrill), caused by aneurism of the temporal branch of the internal carotid artery. In a third case reported the artery was tied with success. According to Hyrtl, there is in man a capillary which passes to the promontory. Might not affections of the tympanum frequently induce alterations in this vessel? Patients are sometimes relieved of pulsatile sounds by compression of the external carotid. The application of the continuous electric current is beneficial, particularly in passive congestion from vascular atony; it excites contractility, and causes blood stasis to disappear.

*Subjective Tinnitus Occurring in Hysteria, and the Hysterical Element in Aural Diseases.*—There are unquestionably numerous cases in which the subjective symptoms

\* In some cases there is tinnitus aurium without its being a precursor of deafness. This is to meet nervous tinnitus, and is found in several instances. The tinnitus disappears, leaving the hearing as good as ever. Especially is this the case in nervous ladies. See cases reported at end of this series of papers.



of an existing aural disease are increased to an extent which gives them undue importance in the mind of the practitioner by the co-existence of functional cerebral disturbance, evidencing itself in the train of symptoms to which, collectively, we give the name of hysteria.

*Forms of Tinnitus the Intensity of which is Increased by the Action of External Sounds.*

—The tinnitus is produced by repeated prolonged exposure to sounds, as in the case of musicians, amateurs, and artisans of various crafts, as before stated. Means should be adopted to shield this class of patients from the action of external sounds.

In those cases, also, where aural disturbances are attributable to a sudden violent concussion, and in which the tinnitus is not aggravated by external sounds, in connection with an existing impairment of hearing and great sensitiveness to certain sounds, a strict adherence to the above-mentioned regime will often produce improvement in hearing and amelioration of the tinnitus. Both Urbantschelich and the author have noted the observations that in many cases of subjective tinnitus the application of a vibrating tuning-fork or small wheel, or the breaking of an electric current, will frequently produce a marked temporary amelioration, occasionally an entire suspension of the symptoms. In a case of tinnitus of a high-pitched, whistling character, caused by the low rumbling of a vehicle like the locomotive, improvement is secured by methodical treatment of using objective sounds opposite in pitch to that of the subjective tinnitus. Tinnitus high in pitch, such as hissing or ringing, is to be treated by low tones ( $C_1$  C), while inversely, low, rushing, and roaring tinnitus by objective tones high in pitch ( $C_3$  C<sub>4</sub>).

In many cases this treatment was followed by an immediate or gradual improvement; the tinnitus generally persisting a brief period, in some instances a few days, after the suspension of this mode of treatment. A surprising improvement in hearing power was at the same time noticeable in many of these favorable cases. The range of audition was increased, and continued to improve for months, even after the treatment by sounds had been discontinued.

(To be continued.)

—An Arab saying is that Eve was created twenty-two years before Adam, and that Adam was created simply because Eve wanted some one to talk to.

## MEDICAL SOCIETIES.

### OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, February 3, 1887.

The President, Thomas M. Drysdale, M. D., in the chair.

#### Emmett's New Operation for Prolapse of the Posterior Vaginal Wall, or so-called Laceration of the Perineum.

Since I have become familiar with the subject, it has each day seemed more incomprehensible to me why the Emmett operation has not come into more general use. I have come to the conclusion that the fault lay in defective description of the operation as set forth in most cases, and in the fondness of men for working on the skin perineum, and not in the operation *per se*. The operation as described by most of the writers on the subject is hopelessly mixed up with long discourses on side issues. Too much is left to be understood from diagrams alone, with insufficient attention to details in the procedure. These are prominent faults in the descriptions given by Drs. Emmett and Dudley. Dr. Dudley also obscures his paper presented in *Pepper's System of Medicine* by introducing several "modifications." The first of these is one of the essential steps in the operation, though somewhat obscurely described by Dr. Emmet in the *third edition of his Gynecology*. It consists in carrying the denudation into the vaginal sulci. The second consists in passing deep sutures where Dr. Emmett passes superficial ones. In reality Dr. Emmett's "superficial" stitches are only relatively superficial. His description of them distinctly calls for their being passed deeply enough to include the posterior wall. My excuse, therefore, for offering a contribution on such an old subject, is to attempt to make the steps of this operation clear; and if I seem tedious in detail to those who are familiar with the subject, I hope you will bear with me patiently.

The belief that the female perineum or perineal body gives any support to the pelvic viscera is an erroneous one. The distance between the uterus and the perineal body is quite measurable, and the intervening tissues, which consist merely of the mucous vaginal canal and surrounding connective tissue, are by no means of such a firm character as to be able to uphold the uterus, either *per se* or though the support given by the perineal body below. The only way this body could give the supposed support



would be by the uterus resting directly upon it. Dr. Emmett puts it very happily when he says, "it would be as rational to assume that a man's pantaloons were supported by the legs resting on the instep or foot." The principal support of the pelvic organs is their ligamentous attachments, on the same principle as the organs contained within the abdominal and thoracic cavities are suspended. A good proof of this is the fact that we constantly see women going about their daily work who have their superficial or skin perineums, not including the fascius or muscles, torn even to the sphincter ani, and who never have suffered any inconvenience therefrom, and who probably never will. The cause of all the various ailments following parturition, beginning procidentias, etc., will be found inside the vagina on the posterior wall. If any one will place his fingers on the posterior vaginal wall of a woman who has never borne a child, and move them first to one side and then to the other, he will find a firm resistance to pressure in any direction. If he now introduce his finger into the vagina of a woman who has had an injury to the pelvic floor during parturition, he will fail to meet with the resistance which he met in the first case. He will find instead a *rectocele* of greater or less extent, with deep diverging sulci running up each side of the recto-vaginocele, into which he can easily sink his finger without finding much resistance, and yet the external or skin perineum may be perfect. To fully and clearly understand this change, it will be necessary to consider the attachments of the pelvic viscera. The pelvic fascia descends until it reaches its attachment on a line drawn from the symphysis pubis to the spine of the ischium, where it divides into two layers, the outer or obturator and the inner or recto-vesical fascia. This line of separation in great part also corresponds to the line of attachment of the levator ani and coccygeus muscles. The levator ani extends from this attachment downward, and passing under the vagina is inserted into the rectum at different points. It is covered on its upper surface by a reflexion of the recto-vesical fascia, which binds it closely to the vagina and sphincter vaginae muscle, and on its under surface by a reflexion of the obturator fascia, which binds it closely below. The transversus perinei, when it exists at all, arises from the pubic arch, and its fibres are lost in the sphincter vaginae directly under the vagina. In speaking of the use of the sphincter vaginae, Dr. Goodell says that "the property of this muscle is to

pull down the rigid clitoris into contact with the male organ, to squeeze out the contents of the vulvo-vaginal glands, and to compress the dorsal vein as well as the bulbs of the vagina, so as to obstruct mechanically the current of blood, and produce a turgescence of these erectile organs." If this be correct, we have an explanation of the loss of sexual pleasure and desire so often seen in women who have suffered from a tear of this muscle. The recto-vesical fascia sends out reflexions from its bony attachments also over the vagina as well as over the other pelvic contents, forming the strong ligaments which hold them in place and give firm support to the different venous plexuses; amongst others the vaginal plexus.

The advancing head of the child, under certain circumstances, crowds the soft parts in advance as it sweeps along the pelvic floor and the fascius and muscles just described, becoming over-distended, separate and retract, forming deep sulci laterally. Frequently the injury is sub-mucous. The external soft parts or skin perineum may be torn or not; very often it remains perfectly intact. There is no question in my mind that this injury is caused with unnecessary frequency both by the injudicious use of the forceps and by our vain efforts to "support the perineum." As a rule, our patients would be far better off if we were to throw our forceps away and keep our hands off the perineum, as far as any idea of giving it support is concerned. If we hold the head back, the vis-a-tergo must be spent somewhere, and that somewhere is the pelvic floor which suffers accordingly. The mere rupture of the fascius and muscles would cause the woman little trouble of themselves, but the results are far reaching. The fascius being the chief support of the blood-vessels, we now have these large veins with no support but their own walls; consequently we soon have a chronic engorgement, with dilatation and a very sluggish return of blood from the parts. The viscera become engorged and heavy. The anterior wall, which has lost its main support, the posterior wall, begins to roll down and out, forming a cysto-vaginocele; the posterior wall gradually pushes forwards and bulges from the vaginal orifice as a recto-vaginocele. The fundus uteri becomes or remains enlarged, and falls backward from its weight and the traction of the vaginal wall. Gradually but surely the ligamentous attachments of the uterus are stretched, and the whole organ slowly descends, dragging everything with it. We eventually have all the phenomena of com-

plete procidentia if things go on unheeded. This theory of the injury in the female pelvis in parturition is by no means new. It is substantially the same view held by Emmett and expressed by Hadra in the *Amer. Jour. Obst.*, April, 1884, by Wylie in the *N. Y. Med. Rec.*, March, 1885, Skeene in the *N. Y. Med. Jour.*, April, 1885, and by Jas. Price in a paper read before the Philadelphia County Medical Society last spring.

The old operations, devised on the supposition that the injury of the perineal body was the cause of all the symptoms, included far more labial tissue than had been involved in the tear, and were entirely inefficient for restoring the pelvic floor. They caused an unnecessary barrier to coition, and frequently left the patient with a certainty of return of all her ailments, and a probability of the tear being reproduced at a subsequent labor. The only satisfactory surgical procedure suggested as a cure of the injury is that of Dr. Emmett, of New York, for "restoration of the pelvic diaphragm." The patient is placed in the dorsal position and the labia separated by assistants; hook a tenaculum or a ligature (which remains a permanent landmark to the end of the operation) into the crest of the rectocele and draw it upwards, without undue traction, to near the meatus, and place it in the hand of an assistant; hook another tenaculum into the labial tissue on each side directly opposite to or in the lower caruncle or remains of the hymen. If slight traction in diverging directions be made on all the tenacula at the same time, three triangles are formed, having the crest of the rectocele for their common apex. The base of the first is a line drawn from caruncle to caruncle, and the bases of the others a line drawn from each caruncle to a point far up the sulcus of the same side. On denuding these surfaces, and bringing the three tenacula together "the vaginal canal will be found reduced in size, the perineum will have been apparently drawn up towards the arch of the pubes, and the tissues of the previously gaping outlet will have been rolled in until the vaginal entrance is no longer larger than that of any female who has not given birth to a child at full term." The posterior wall is brought firmly up against the anterior wall and bladder, giving them their natural and necessary support and preventing their rolling down and out. Care must be taken not to denude too much surface in the sulci, as failure may result, the sutures cutting out from undue traction. The scissors should be used for all plastic work in the vagina. Any one becoming ac-

customed to their use will never go back to the knife. The bleeding is infinitely less, and much time is saved by the celerity with which they can be handled.

The most essential part of the operation is the introduction of the sutures. They are passed from the apex of each sulcus toward the operator. A tenaculum is hooked into the apex of one of the sulci and drawn away toward the cervix uteri, thus preserving the line on which the sutures are to be introduced. The sutures are then all passed toward the operator to the bottom and median line of the sulcus, plenty of tissue being included; the sutures emerge at the median line of the sulcus and are reintroduced in the same spots and carried away from the operator, emerging just beyond the freshened edge of the rectocele directly opposite the original point of introduction on the other side of the sulcus, thus taking a V-shaped course. The number of sutures is usually four or more. The other side is sutured in the same manner. When these sutures are all drawn up into place and closed, there remains a small triangular space of freshened surface in front of the rectocele, which is closed by the so-called crown-stitch and one or two superficial external stitches. The crown-stitch is introduced through labial tissue at the lower caruncle, the original point of introduction of one of the tenacula, carried across through the crest of the rectocele and then through labial tissue at the lower caruncle on the opposite side. All the other sutures are now lost to view within the vagina. The resulting shallow line directly in the median line of the perineum is closed by one or more superficial external stitches. They are passed deep enough to include a portion of the posterior vaginal wall.

The day for plunging a great perineal needle through gluteal tissues, skin, muscles, fasciæ, nerves, and blood-vessels, is past. It is as much a relic of barbarism as searing the stump of an amputation to stop hemorrhage, and causes much pain and suffering. The material of the suture is immaterial. Catgut can be either shot or tied. As moisture causes the gut to swell, it should be shot as soon as passed and fastened to the pubic hair with a pair of hemostatic forceps. This will keep them out of the way of the operator. Dr. Emmett always uses silver wire twisted and then shot, so as to be easily found; the end is bent over and lies flat on the tissues. Silk-worm gut should always be shot. It makes an excellent suture, and forms a good splint to the tissues. Whatever is used, the stitches are

equally hard to find and remove. A very easy method for either wire or gut is the use of "Aveling's wire coil." These can be made by wrapping a piece of silver several turns around a straight needle or other small staff to form a close coil about half an inch in length. This coil is slipped over the two ends of the suture and secured in its proper place by a compressed shot. In removing, snip off the shot, remove the coil, and the suture has ends as long as the coil was. The after-treatment is very simple. If the patient would stay quietly in bed, she would recover with perfect union without the doctor's attention. As a rule, the patient complains of no pain, and opium and alcohol are not needed. The bowels are kept soluble from the first, and the urine is passed every four or five hours, the patient getting on her hands and knees if necessary. There is no necessity for binding the knees together, nor for keeping the woman in one position for days. The stitches may be taken out in eight days.

Dr. M. Price described a plan for the temporary securing of sutures at the moment of insertion. The ends being left long, two perforated shot are slipped on: the first one is to be the permanent fastening, and is left loose; the second is compressed to secure the suture ends together and to prevent the other from stripping off until the time for final closing, when the first is pushed down and compressed.

Dr. Joseph Price described several ways of securing sutures so as to avoid imbedding the free ends of silver ones, and to secure easy extraction. Over the silver wire pass the Aveling coil and shot; this will greatly facilitate its removal. He also made some critical remarks on different methods of operating for perineal restoration. The inside method of Emmett gives the best results. The use of well-prepared catgut for the sulci sutures materially facilitates the operation. Set the sutures fresh from the alcohol, and drop a shot over before they swell.

Dr. Chas. Meigs Wilson stated that the difficulty of representing the operation diagrammatically is owing to the fact that the plane of the posterior wall of the vagina is altered by the traction upon the tenaculum holding the crest of the rectocele. The needle figured upon the blackboard by Dr. Packard was not a Baker Brown needle, as stated by Dr. Packard, but a modified staphylorrhaphy needle—the needle arm being longer, thinner, and having a greater arc of curvature than the ordinary staphylorrhaphy needle. It was first devised by Dr.

E. Wilson to use in uniting the freshened surfaces in Emmett's operation upon the cervix. The objection to its use in colporrhaphy operations is that owing to the shortness of the needle-arm, the shoulder of the needle, *i. e.*, the junction of the needle-arm with the handle, made such a large opening in the mucous membrane of the vagina that the stitch was liable to tear out, especially if there was much tension before union had taken place.

Dr. Longaker spoke of the advisability of the primary operation. He believes all forceps with long blades and large heels will do damage to the vaginal outlet. He has seen transverse tears of the outlet after natural as well as instrumental labor. It has been remarked that perineal ruptures may exist without causing any symptoms, but this is no reason why tears in general should not be repaired. He believes in performing the primary operation in every case. He likes the Chinese silk for sutures. He has examined a perineum immediately after labor and found it apparently intact, and a month later found a rectocele and cystocele, indicating a submucous tear.

Dr. Joseph Price, upon request of the President, remarked that he had seen Mr. Tait operate for a complete tear into the rectum, also for partial laceration and rectocele. He operates so rapidly that it is difficult to follow him. He makes two scissors cuts one on each side of the laceration, splitting the tissues from the centre line laterally and forward. He removes no tissue, but throws one flap inside and the other out, and closes by interrupted buried sutures of silk-worm gut. In the complete rent, he splits the septum laterally, turning one flap into the bowel, the other into the vagina, and closes by interrupted transverse buried sutures, with two or more external sutures.

Dr. H. A. Kelley stated that this was not original with Mr. Tait. It had been originally devised by A. R. Simpson, of Edinburgh, and a description, with illustration, is to be found in Hart & Barbour's Manual.

Dr. Baldy, in closing the discussion, stated that the needle used by Dr. Emmett was round, slightly curved at the point, and from three-fourths to one inch in length. He uses it with a needle-holder, and as a rule prefers to have it threaded with a silk loop, into which the wire sutures are hooked.

Dr. Baldy has now in his care a patient whose fourchette is perfect, but scar-tissue can be felt inside of the perineum, and there is some little prolapse of the posterior wall. When she was delivered some weeks ago, the



need of an operation became apparent, as at that time the anterior wall and bladder prolapsed before the head, in a mass as large as a base ball. He does not sympathize with the total condemnation of the forceps; they are needed sometimes, though frequently abused; neither does he approve of the so-called support of the perineum, either by towel or by hand, nor the idea of holding the head back, because these methods deflect the force of the uterine contractions against the posterior vaginal wall and the pelvic floor. He has seen cases which had been operated on by the old method by eminent gynecologists, in which the result was a perfect external perineum, but in which the pelvic floor was as badly off as it had been before the operation. The floor was completely restored by the Emmett method subsequently.

Dr. Jos. Price read an extract from a private letter from Dr. Emmett to himself: "I am very glad that the woman who was operated on has fallen into your hands, so that you may be able to make a report of the exact condition after labor. I have not kept any accurate account, but I think I have heard of some twenty cases who have gone through labor without accident after the operation at the vaginal outlet had been done. On the other hand, I have not heard of a single case where the parts were torn after the operation, which is of more value, for I should be more likely to hear promptly of the failure than of the success."

#### Placenta Prævia.

Dr. Jos. V. Kelly reported the following case: K. W., fifth pregnancy, had a vaginal hemorrhage, December 28, 1886. The bleeding was quite profuse, but ceased spontaneously. On examination, the os admitted with ease the index finger, which came directly in contact with the placenta. The patient was supposed to be nearing the completion of the eighth month of pregnancy. She was enjoined to rest in bed, and dilute sulphuric acid was administered. Several days later the hemorrhage recurred and again ceased spontaneously. She kept on dribbling a little each day until January 11, 1887, when she had a violent hemorrhage, and I determined on active interference. Her pulse was 120, she was very pale and had attacks of fainting. The os was dilated to the size of a half-dollar, and dilatable. I gave her fifteen drops of Squibb's fld. ext. ergot. There was no decided pain, though the patient said she felt some slight bearing down. I brought her to the edge of the

bed, with her knees flexed, and found a decided thinning of the placenta toward the right sacro-iliac symphysis. It was difficult to rupture the membranes without detaching the placenta, so I made firm pressure over the fundus, which caused the head to descend, and I then ruptured the membranes against the vertex. The waters drained off, the uterus condensed, and the bleeding ceased. I then gave twenty drops more of the ergot, and slight pains were noticed shortly afterwards. I still kept my index and middle fingers in the rent I had made in the membranes and the edge of the placenta, endeavoring to prevent any bleeding by pressing the placenta against the left side of the os. The pains became stronger, and the head descended, and the bleeding again returned. I endeavored to accelerate the labor by encouraging the woman to bear down and by making strong pressure over the fundus, but as these measures did not produce the desired result as rapidly as I wished, and the head having passed the superior strait, I applied the forceps and delivered. There was no further hemorrhage, and the placenta was expressed by Crede's method in fifteen minutes. The woman received a vaginal injection of warm vinegar, as well for its antiseptic as for its hemostatic properties.

The fetus was of fair size for the eighth month, and was nearly lifeless. Artificial respiration, mouth to mouth, revived it, and it lived thirty hours. The mother was in a very exhausted condition, and was given brandy and ammonia for nearly a week. The pulse after delivery was 140. She was also given plenty of milk and broth, and not allowed to raise her head off the pillow for a week. She has since entirely recovered. No tampon was used in this case. Ether was not administered.

Dr. M. Price had recently attended four cases of placenta prævia at full term; one of them, a very desperate case, had been tamponed. The cervix was dilated to the size of a half dollar. He was urged by his consultant to introduce his hand, turn, and deliver, which was, much to his surprise, accomplished in ten minutes, with child and mother both saved. The four children were all saved, and the mothers also, although one of the latter died from anæmic causes three months later. He would at once, when called to such a case at full term, or in premature ones, if he considered it advisable, dilate, turn, and deliver. The method adopted in these four cases is that now adopted by the best authorities. Tampon-



ing at term he considers dangerous, and involving a loss of valuable time, hazardous to both mother and child.

(To be continued.)

### NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, February 23, 1887. T. Mitchell Prudden, M. D., President, in the chair.

#### Brain of a Suicide.

Dr. W. H. Porter presented the brain of a suicide by a pistol shot, the bullet having passed directly through on the line of the temples, dividing both middle cerebral arteries and breaking both orbital plates.

#### Surgical Kidney and Liver.

Dr. Porter presented the liver and kidneys of a woman who had died about a week after removal of an abdominal tumor, probably a hæmatocele. For the first five days after the operation she did well. The temperature then went up, the urine, which had before the operation been normal, rose in specific gravity, contained albumen and pus. The autopsy showed a little suppuration along the abdominal sutures; no peritonitis. The interesting lesions were in the liver and kidneys; the liver showed extensive parenchymatous and fatty degeneration, slight cirrhosis; the kidneys showed also parenchymatous metamorphosis, less in degree; the heart showed some granular degeneration. At the previous meeting of the Society, Dr. Porter had expressed the view, sustained by a number of autopsies, that many so called septic cases after surgical operation were really cases of death from failure of function of the kidneys brought about by the influence of the anæsthetic. The primary and most extensive change after the operation seemed to be in the liver, and the secondary one in the kidney; the heart was affected in a less degree still.

#### Tricuspid and Mitral Regurgitation.

Dr. Porter also presented the heart of a man in which were found marked tricuspid and mitral insufficiency; the right auricle was greatly dilated, while the right ventricle was quite small. The primary lesion seemed to have been on the right side. A mitral and tricuspid regurgitant murmur had been recognized during life. The man had had jugular pulsation, cedema, dyspnoea, rheumatism. There was perihepatitis and some spots of cirrhosis in the liver.

#### Gall-stones; Hemorrhage after Paracentesis.

Dr. Porter presented the liver and a large blood-clot, in a case of gall-stones in a woman thirty-two years of age. She had, for eight or ten years, at times suffered severe pain in the right side. Otherwise, she had been healthy. On entering the hospital she was jaundiced; the temperature ranged from 103° to 107°; there was tenderness over the abdomen. An hepatic abscess was suspected, and the needle of the aspirator was introduced, but with a negative result. Before the autopsy was made it was supposed there were gall-stones, and this proved to be the case, there having been counted in the gall-bladder and ducts as many as eighty-six. The gall-bladder and all the ducts were enlarged; the common duct was pervious, but it seemed probable a stone may at one time have oscillated back and forth in it, causing temporary obstruction. Squeezing the liver caused numerous little stones to appear at the divided ducts. Dr. Porter was inclined to think that the stones had formed in the gall-bladder, and had been backed up into the smaller ducts. The liver showed softened spots, apparently ready to break down, very extensive parenchymatous and granular change, and slight cirrhosis. An interesting feature in the case was the slight hemorrhage which had taken place along the entire course of the needle of the aspirator, and a large clot had formed in the peritoneum, between the liver and diaphragm.

There were also parenchymatous and granular changes in the kidneys, some fatty degeneration of the walls of the heart, endometritis and granular condition of the cervix, and cystic degeneration of both ovaries.

#### Hip-joint Disease.

Dr. L. H. Sayre presented the head of the femur and some pieces from the acetabulum, removed in a case of disease of the acetabulum and head and neck of the femur, in a boy thirteen years old, who had always walked, his sister said, as if on a wooden leg, and who six weeks ago began to have chills and fever, loss of appetite, and pain in the hip. The gluteal region was large, and later deep-seated fluctuation was discovered, which was cut down upon and four ounces of pus were evacuated. Proceeding farther, it was found that notwithstanding the absence of crepitation and of some detritus in the pus, there was complete degeneration of the cartilage in the joint, necrosis of the acetabulum, and perforation of the head of the femur, with considerable necrosis of the neck. Excision was performed, and the patient was then doing well.

**Abscess of the Lung.**

Dr. L. E. Holt presented the lung of a child three weeks old, in which there was an abscess in the lower lobe on the right side, containing four or five ounces of pus. The curious feature in the case was the absence of severe symptoms until two or three days before death. At first the symptoms had been rather those of a broncho-pneumonia, then flatness being present, aspiration was done, drawing out on one occasion three ounces of pus, and on another about one ounce. The diagnosis was then made of empyema. At its last illness the house physician had inserted the needle twice, and failed to find fluid. The tissue surrounding the abscess and between it and the pleura seemed to be dense fibrous tissue. The specimen was referred to the committee on microscopy. There was no fluid in the pleural cavity. The right lung, with its abscess, took up nearly the entire space in the chest cavity.

**Stricture of the Oesophagus.**

Dr. Frank Ferguson presented the oesophagus of a child aged two years, which three months before had swallowed a small quantity of caustic potash, since which it had not retained any food. The stricture at autopsy was found about midway the oesophagus, and admitted a small probe.

Adjourned.

**NEW YORK ACADEMY OF MEDICINE.**

Stated meeting, February 17, 1887.

A. Jacobi, M. D., President, in the chair.

The President read an address in which he again referred to the absurd position in which physicians and the entire profession were being placed by reports of wonderful operations, or wonderful reports of operations, which appear from time to time in the daily press.

Dr. C. L. Dana read a paper entitled

**Spastic Ataxia and the Combined Sclerosis of the Spinal Cord.**

Out of an extensive amount of literature and a large number of cases relating to disease of the spinal cord, he had been able to find only sixteen cases in which autopsies had been made which he considered as belonging to the class of cases under consideration. In addition to these sixteen cases, he reported eight which had come under his own observation, in only one of which a post-mortem examination had been made, a case of Dr. Graeme M. Hammond. The

usual post-mortem findings in these cases were a sclerosis or degeneration, mostly in the three long system-tracts in the cord, that is, in the direct cerebellar tracts, the pyramidal tracts, and the column of Goll. The disease, however, sometimes extended laterally, invading even the cells of the cornua. It was usually most marked in the upper dorsal region. The term combined fascicular sclerosis might be employed to designate the condition if it were not for the fact that this lesion was sometimes present when the symptoms during life had been those of ataxia with flaccid paralysis and not spasm. Also, in the cases typical clinically the lesion was not always strictly fascicular. The term used by Gowers, ataxic paraplegia, was objectionable.

Two of Dr. Dana's cases were females, six were males. The facts drawn from his cases and the sixteen others in which an autopsy had been made were the following: Syphilis was rarely present; a neurotic family history was common; in cases occurring in early life there was usually a history of sexual or alcoholic excess; in later life the history was one of physical strain and exposure. It began usually with ataxia, then stiffness in the legs and trembling; sexual power declined early; there was temporary bladder difficulty; a feeling of numbness, and pains of fulminating character occurred, but did not last long. Anæsthesia in spots often disappeared readily under treatment. The muscle sense was often good. There were no gastric nor enteric crises. The spastic symptoms were usually in the lower extremities, but sometimes involved the upper extremities.

In treatment, the nervous state might call for bromides; if there was a history of syphilis, anti-syphilitic treatment should be thoroughly tried; absolute rest was very important; slight sensory symptoms often disappeared readily under the use of electricity.

The prognosis as to length of life was better, he thought, than in typical cases.

Drs. Starr, Brill, and Birdsall, in discussing the paper, thought that clinically a class more or less like that described by Dr. Dana might be formed from a large number of cases, yet they were doubtful whether they constituted a distinct type of disease. The distribution of the pathological lesion was irregular, and the symptoms varied accordingly. They agreed with the author as to the difficulty of giving an appropriate name. Dr. Seguin related a case of spastic paraplegia, and said the post-mortem findings were those of sclerosis in the posterior and lateral

columns, and the microscope showed that the lesion also extended to the extreme lateral portions of the spinal cord, and it was rather irregular at different levels. The President

suggested that the peculiarly irregular distribution of the disease might be accounted for by its following the course of the fine blood vessels rather than of nerve fibres.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Ocular Symptoms in Acute Cerebral Disease.

At a late meeting of the Ophthalmological Society of London, Mr. G. A. Berry read three cases of acute cerebral disease with ocular symptoms. His first case was one of acute ophthalmoplegia externa in a little girl, aged two years and a half. There was a history of gastro-enteric catarrh five months before admission. The present illness began three weeks ago with cough and headache. Ten days before, something wrong was noticed with the sight. There was almost complete ptosis of both eyes, with absolute divergence of eyeballs—in fact, a condition of almost complete ophthalmoplegia externa. The child was mentally very apathetic; once she had a very severe screaming fit; the kneejerks were absent. After treatment by iodide of potassium for two weeks, distinct improvement in the general condition began, and the ophthalmoplegia was less marked. There was a scrofulous condition of one finger. The pathology of ophthalmoplegia was reviewed. Perhaps the condition was dependent on tubercular disease about the ocular nuclei. The second case was one of megrim associated with spasm of convergence, in a girl aged eighteen. The possibility of hysteria being the cause was considered. On one occasion the patient had an attack of apparently insurmountable conjugate deviation of the eyes to the left. Extraordinary abnormalities of temperature of the body were observed. The corpora quadrigemina or the cortex might be the seat of the nervous lesion. The third case was one of recurrent attacks of bitemporal hemianopia. The patient was a man aged fifty-three, who had suffered from headache and drowsiness. Both temporal halves of the fields of vision were extremely defective up to about  $5^\circ$  from the points of fixation. On six occasions, at intervals of about one week and for three or four days, vision became affected and the temporal fields of vision dimmed or obliterated, whilst at the same time the heart's ac-

tion was markedly slower than during the periods of intermission of the ocular symptoms. Pressure on the chiasma in an antero-posterior direction might be the cause of the hemianopia.

Dr. Gowers said the cases were difficult. He agreed with Dr. Berry that it was highly probable that different cases of external ophthalmoplegia had different pathological lesions, especially judging from what was known of ophthalmoplegia interna. The loss of light-reflex, usually attributed to degeneration, might pass away even in tabes. Where recovery took place, the lesion could not be a destructive one, though there might be some nutritional change. With regard to the first case, he doubted whether it could be due to distension of the aqueduct or to a simple tubercular lesion. Distension of the aqueduct was frequently met with without paralysis of ocular muscles. Sudden lesions were generally vascular. Thrombosis was common in children; in this case it was probable that a thrombus had occurred in the artery leading to the ocular centre. In the second case, he agreed that the case was not one of hysteria. Divergent strabismus was conclusive against hysteria. As to the third case, no doubt internal hydrocephalus was an occasional cause of pressure on the chiasma, and blindness. He referred to a case where first the decussating and afterwards the non-decussating fibres were affected by the distension of the third ventricle.

#### Case of Cocaine Poisoning.

Dr. C. S. Kilham thus writes in the *Lancet*:

On November 9, 1886, at 12:10 noon, John B., accidentally took four and four-fifths grains of cocaine hydrochlorate in the form of solution. At 12:30 he was seized with severe cramps in the stomach, nausea, throbbing and feeling of bursting in his head, failure of eyesight, loss of use of his legs, incoherence of speech and confusion of ideas, and drowsiness, but could always answer questions if roused. No delirium; appeared as if drunk, and not quite helpless. Brandy was given, and he vomited after it,



but only the remains of food. About 12:50 he commenced sweating most profusely, shirt, etc., being soaked through, perspiration streaming down his face and body, and his head steaming. Pupils were normal and equal. No loss of taste. The sweating lasted some time, and was succeeded by very severe prostration, shivering, and feeling of impending death. At intervals the patient had severe cramps in the stomach, with retching and vomiting of a quantity of clear mucus, which relieved the pain. About 1:15 p. m. the pulse became intermittent, missing every fifth beat. This was accompanied by cyanosis of the face, and intense feeling of suffocation over the cardiac region. Relief was afforded by sinapisms. The pulse varied from 80 to 86, never more, and became gradually regular. About 1:45 p. m. he began to have cramps in the legs and feet (especially on dorsal surface of right foot), and tingling and numbness in both hands. Later on the pupils became dilated. The vomiting and cramps ceased about 4 p. m. (unless food was taken), but the drowsiness, throbbing of head, and prostration continued up to 6 p. m., when the patient began to get warm and feel relieved. The improvement continued, and he could be moved at 8:30 p. m. There was great weakness, with swimming of head all night.

Next day there was still weakness, continual vomiting, a dry, leathery feeling in the mouth, with loss of taste, partial loss of power in the legs, and tingling and numbness of the fingers, especially of the right hand. These symptoms commenced nearly thirty-six hours after taking the cocaine, and most of them disappeared in twenty-four hours. The loss of power in the legs lasted three days, and the tingling and numbness of fingers longer. He was not able to write a letter until the sixth day, as he could not feel the pen between his fingers before. An emetic was first given, with sinapisms over the heart and stomach; afterwards warmth and stimulants (principally compound spirit of ammonia).

*Remarks.*—The solution of cocaine had been made at least twelve months, but appeared all right. The patient was in the habit of taking  $\frac{1}{4}$  gr. of cocaine for neuralgia of the stomach. The dose taken was 44 gr. of hydrochlorate of cocaine. The official dose is up to 1 gr. Martindale, in his book on "Coca, Cocaine, etc.," mentions two cases where larger doses were taken. In one case (of attempted suicide) 23 grs. of cocaine were taken without "seriously injurious effect." In the other case 32 grs. of co-

caine were taken within three hours, but the symptoms varied considerably from those in the case under notice. The most remarkable symptoms were the severe sweating, the intense prostration, and the intermittent pulse. The last symptom I have not seen mentioned before.

#### Treatment of Chronic Constipation in Childhood, and its Sequel, Atony and Dilatation of the Colon.

After discussing this question in the *Lancet* (December 11), Dr. W. B. Cheadle thus concludes:

"My object in these lectures is not so much to describe the cause and symptoms of constipation as to point out the disastrous results of mistaken treatment, and to enforce the necessity of a more rational procedure. Look at the evil effect of strong purgations—how they enervate and wear out the tone of the bowel. No occasional purge of rhubarb or scammony is efficient to cure. Look, again, at the evil effect of frequent enemata. Enemata are only to be used on an emergency. They, equally with strong purges, impair tone and do direct harm by actual dilatation. In confirmed cases of constipated habit, treatment must not be intermittent, but continuous; the daily administration of appropriate remedies steadily, for a considerable period, is absolutely essential. Intermittent treatment is abortive, ineffectual, and aggravates the evil. What, then, is the proper treatment for these cases? First, be sure that there is no malformation, no intussusception, no sore about the anus, rendering defecation painful. Then use saline laxatives. Their mode of action is by increasing the flow of secretion rather than by stimulating peristalsis. Thus tone returns when distension is relieved by the easy evacuation of fluid stools. Further aids to this are strychnia, nux vomica, iron, and belladonna. They act by increasing the muscular tone and nutrition, not by stimulating peristalsis directly. In the case of little children up to two years old simple carbonate of magnesia in milk is sufficient (5 to 10 or 20 gr.); this is better than the piece of soap in the rectum, or the repeated castor oil or manna so constantly advised. In older children, the sulphates of magnesia and soda, with the tonics named above, and daily massage with castor oil or cod-liver oil, are most useful. In older children still, a pill of aloes or euonymin, with sulphate of iron and nux vomica, may be given as an alternative to the salts and strychnia, but no frequent rhubarb, or scammony, or podophyllin, or jalap



(these are for the relief of temporary difficulty only); in mild cases, perhaps, or if the liver is not acting, a dose of calomel, grey powder, and soda, or senna. Regimen is an important element in the treatment if the child should have chronic constipation: abundant water, pure, not hard; 'salutaris water' is excellent. In little children add a good infants' food to milk; fruits; fruit jellies; treacle; cooked green vegetables of the softer and more delicate kinds. Some variety in food is useful; a good mixture is better than a monotonous diet. It is, I think, extremely doubtful if coarse food is useful in the long run. It causes atony and weariness of muscle eventually by over-stimulation. And you must insist on regular evacuations. Take care that the stools are not dry and hard, or the child will resist action and increase constipation. Other useful adjuncts are—abundance of fresh air, which aids in improving nutrition; and exercise, which mechanically aids the passage of the contents of the intestine down the tube, and improves general health and muscular tone."

**A Remarkable Midwifery Case: Extraordinary Thickness and Induration of the Os Uteri.**

"I think the following case is worth recording," says Dr. Wm. Wigmore, in the *Lancet*:

"At 3 a. m. on December 8 I was called to Mrs. H—, aged thirty-nine, in labor with her third child, the last being two years old; pains had been going on since the afternoon of the day before. On examination, I found the os dilated to about the size of a five-shilling piece, head presenting; anteriorly, the os was thickened and swollen into a mass under the pubes, the rest being quite an inch thick and tough. The liquor amnii had escaped a short time before. I tried for some time to dilate, but finding I could make no impression, and the pains getting stronger and almost incessant, I applied the long forceps, hoping that with the aid of them and the fingers I might be able to dilate; but directly I used any traction, the os came quite outside the vulva, and I found it useless to attempt it. If I had used more force I should have pulled child and uterus away together. The pains were still incessant, the patient calling out for something to be done. I saw there was nothing left but to divide the os. Before doing so I wished for another opinion, and sent for Dr. Griffith, of Harrow Road. He asked me to remove the forceps and let him try to dilate; but, like myself, he found it perfectly useless, and agreed with

me that nothing but division would give her a chance of being delivered. I accordingly reapplied the forceps, and, pulling the os outside the vulva, proceeded to divide it posteriorly. The procedure was like cutting cartilage or tendon, and there was no bleeding; directly it was divided the uterus split right up over the head of the child, which was immediately expelled. The child was dead. I was now fearful of the consequences, daily expecting to find symptoms of metritis, cellulitis, or peritonitis; but, on the contrary, the temperature never rose above 101°. She never had any abdominal tenderness, nor even a fetid discharge, and is now quite convalescent.

"Remarks.—After the birth of her first child, the patient suffered from a fall of the womb, and after that of the second it became worse, and eventually quite prolapsed. She never sought any advice for it. During the whole of her present pregnancy she was sitting on it, which gave her much pain, and her favorite seat was a cane-chair with a hole in it. I suppose by the continual exposure and friction its character was quite altered. Having had a very large midwifery experience, and never meeting with a similar case, I am anxious to know what else I could have done. Craniotomy would have been of no avail, and I do not think that dismemberment would have been successful. I should also like to know how the peritoneum escaped—whether the recto-vaginal and vesico-vaginal folds were stretched by the gradual rise of the fundus and being held down below. I may here mention that after the birth of the child the uterus contracted well, the placenta came away without difficulty or hemorrhage, and the os was drawn well into the vagina."

**The Treatment of Typhoid.**

Professor Grancher, following in the steps of Professor Bouchard, gives the following directions for the treatment of enterica: Four principal indications result from the pathology of the disease—general antiseptics, intestinal antiseptics, antipyretics, and nourishment. As soon as the disease is suspected, M. Bouchard commences by the administration of a purgative which is renewed every three days. For the first four days, calomel is given in doses of one-third of a grain every hour as a general antiseptic. Intestinal antiseptics are secured by the administration of vegetable charcoal in powder (100 grammes), iodoform (1 gramme), and naphthaline (5 grammes). This is mixed with 50

grammes of peptone and 200 grammes of glycerine, which constitute the basis of the alimentation, and the black magma so formed is taken by tablespoonfuls every two hours. The bowels are washed out night and morning with carbolic acid and water (1 in 1000), each enema measuring one pint. From the beginning of the disease the patient takes eight baths a day until recovery, but instead of using water at a much lower temperature than that of the body, the difference is only of two degrees Centigrade, 38°, for instance, if the temperature is 40°. The bath is then cooled by a tenth of a degree per minute to 30°, but never below, so avoiding all shock and spasm. When the temperature remains high notwithstanding the baths, quinine is recommended, 30 grains being given in four doses in the course of two hours, and repeated after an interval of three days. Besides the glycerine and peptone associated with the antiseptics, the only other food allowed is bouillon, boiled with barley, and as a drink, lemonade with a little wine. Should complications occur, they should also meet with a vigorous reception. Extreme or prolonged delirium is to be treated by opium, and peritonitic symptoms by ice or mercurial ointment. Of 266 patients so treated by M. Bouchard, 31 died, giving a mortality of 11.7 per cent. The average duration of the disease was nineteen days, and relapses took place on the whole number in 20 per cent., and during the latter period in 10 per cent. of the cases. These figures speak for themselves, and there is one point about M. Bouchard's method beyond contestation. It is certainly thorough. But if, as it would seem, the patient spends thirteen hours in the bath and undergoes fifty or sixty other visitations of different kinds in the course of the twenty-four hours, it is difficult to see what time remains for repose.

#### Post-mortem Irritability of Muscle.

Dr. John H. Spitzly thus writes to the *Lancet*:

A young Hindoo, aged twenty, was admitted into our wards on February 28, 1886, and died on October 31 of phthisis pulmonalis. He was a remarkably thin and weakly-looking individual; but although he had a decidedly phthisical aspect, and suffered from cough, general emaciation, and diarrhoea, no dullness was perceptible on percussion of the chest-walls. The post-mortem examination revealed a large vomica with infiltrated edges, situated at the root of the left lung, which sufficiently accounted for our inability

in detecting any marked alteration on percussion. Numerous small abscesses were also found throughout the substance of the left lung. The intestinal walls were of a dull clay color. A most peculiar phenomenon in connection with the voluntary muscles, however, more especially attracted our attention. About two hours after death had taken place, one of our students, who was inspecting the body, percussed the pectoral region, and, to his great astonishment, noticed that the muscles responded most energetically to the stimulus conveyed by the percussing finger, and contracted very promptly. On examining the muscles, I was able to produce most vigorous contractions of the biceps and flexor muscles of the arms, the pectorals, the sterno-cleidomastoids, the masseters and temporals, and also of the rectus femoris and other muscles of the lower extremity. The biceps and pectorals, especially, responded very promptly, and the contracting muscular fibres of the biceps in some instances rose to certainly half an inch above the level of the quiescent portion. The muscular substance itself was very soft and doughy to the feel, and of a pink color. Although I have very frequently seen a stimulus call forth fibrillary muscular contractions in emaciated persons suffering from phthisis, I have never before observed the same phenomenon in such a remarkable degree of intensity on the body of a person in whom life had already been extinct for two hours, and I should be much interested to know if this post-mortem phenomenon is common in cases in which the patient has very gradually succumbed to a chronic exhausting disease. Perhaps I should also add that the temperature at the time these observations were made was 90° F., and that the time of the year was what is here called the "dry season."

#### Epilepsy after Gunshot-Wound.

In the *Brit. Med. Jour.*, Dr. Hadden relates the case of a man, aged thirty-two, who was under Mr. Croft's care at St. Thomas's Hospital. There was no family history of epilepsy. In 1872 he was wounded in the left calf, and several shots were extracted. In six or seven weeks the wound was quite healed. Four months after the injury he began to have fits. For nine months they were occasional, but afterwards he had as many as twelve daily. The sciatic nerve was then stretched, and the fits ceased for thirteen years. They recommenced seven weeks before admission into St. Thomas's, when he fell to the ground from a ladder,

unconscious. During the week preceding admission, he had eight or ten daily. The fits began with a sharp twitching pain in the scar in the left calf; then there was a creeping, heating sensation passing up the leg and left side of the body to the head. The left side then became convulsed. The pupils were immobile, and the conjunctivæ insensitive. Finally, there were some general convulsive movements, and then rapid return to consciousness. The tongue was not bitten, nor were the evacuations passed. The scar was somewhat tender, and when pressed, he would at times have the sensation passing up the body, and sometimes a convulsion. Occasionally in the seizures he would roll about in bed, and sometimes there was opisthotonos. An attempt was made to stretch the sciatic nerve by extreme flexion of the hip, but the result was a violent convulsion. A few days later the nerve was exposed and freely stretched. The fits stopped for nine days. He then had occasional seizures, sometimes one a day, sometimes one every other day. Two occurred whilst the splint was being bandaged to the leg, and one during removal of the splint. The man wrote four months later to say that he had had no convulsion since he left the hospital, but he suffered from severe paroxysmal pain in the left calf, followed by the "fitty" sensations. There was no doubt that the attacks were genuine, the condition of the pupils and conjunctivæ and other points proving this. The interest of the case had reference to Brown-Séquard's and Victor Horsley's experiments on guinea-pigs. Epilepsy was induced by these observers after injury to the sciatic nerve. There was usually a latent period of from two to six weeks. In the man the incubation was four months. Opisthotonos occurred in the patient, as in the case of guinea-pigs.

#### Effects of Renal Calculi.

Before the Clinical Society of London lately, Mr. Howard Marsh read a case in which very severe symptoms were due to two small stones in an atrophied and movable kidney; failure to detect the organ by an anterior lumbar incision; discovery by laparotomy; successful removal of the kidney. The patient, aged twenty-five, unmarried, was admitted into St. Bartholomew's Hospital on June 29, 1886, with well-marked symptoms of stone in the left kidney, constant pain, severe exacerbations, frequent micturition, and pus and blood in the urine. As no improvement followed rest and medical treatment, it was determined to explore

the kidney. For this purpose an incision, suggested by Mr. Willett, and which had several times been found highly advantageous for the removal of large kidneys, situated exactly half-way between the spine and the middle line in front, and vertical in direction, was made through the abdominal wall and fascia transversalis. The kidney, however, could nowhere be found, though a wide search was made. On a subsequent occasion the abdomen was opened in the middle line, and the hand passed in. The kidney was now easily detected, but found to be movable and atrophied. No stone, however, could be felt. The kidney was then removed by the ordinary lumbar incision. The patient made a bad recovery. On opening the kidney after removal two small stones were found in one of the calices. The author drew attention to the important fact that, though the symptoms were very urgent, the stones on which they depended were of very small size. He pointed out that, though the incision in the axillary line is ordinarily adopted for the removal of a large kidney, the posterior lumbar incision is preferable for the purpose either of mere exploration or the removal of a stone from the kidney; and he discussed the means that may be adopted for the detection and removal of small renal calculi. He also raised the question how far the symptoms in the present case may have been due to the fact that the kidney was freely movable.

#### Treatment of Typhoid Fever by Inhalation of Cold Air.

M. A. Sokoloff, of the Military Hospital of Krasnosesky, published some time ago interesting researches on a new method of treatment of typhoid fever. The author had remarked that the patients suffering from this disease who were placed in tents could without inconvenience respire air at a temperature of zero, and that coincidentally the temperature of the body fell from 40° C. to normal. He was thus led to conjecture that inhalations of cold air might be employed with a therapeutic object in view. He experimented on twenty-three cases, and found that inhalation of air nearly at zero caused a more or less pronounced defervescence, though the action is, as might be expected, less lively than with cold-air or cold-water baths, and is at the same time more transitory. He found that the action varied under different conditions, the defervescence being least from midday to 6 p. m., and the greatest between the hours of 7 and 10 in the evening. The effects were less during



the first fortnight, the defervescence effected being less than  $1^{\circ}$  C., and lasting only for an hour and a half to two hours, whilst they were greater after the first fortnight, the defervescence amounting to more than  $1^{\circ}$  C., and lasting for several hours. The duration of the inhalation was found to be of little importance, a *séance* of ten minutes' duration being equal to one of twenty minutes. The best time was from twelve to fifteen minutes. The defervescence was not in direct ratio to the temperature of the air inspired, and air at very low temperature did not act any better than air at somewhat higher temperatures, because exposure to the former had to be curtailed. Depression or excitation of the patient diminished or suppressed the antipyretic action of the inhalations. The general effects of inhaling cold air were that the respiration was diminished in frequency by about four times in the minute, and became deeper; the pulse was lowered on the average six beats, and became more full. On the other hand, the skin and mucous membrane became less dry.

#### Value of Incision in Tonsillitis.

Mr. Charles Maclean writes in the *British Medical Journal*:

I am induced to remark on the above subject from the fact that I have found free incisions of more avail in quinsy than in any other kind of inflammation. It is a disease little amenable to ordinary methods of treatment. It is attended by an extraordinary, and in some constitutions, a very serious amount of suffering; and yet it is a local affection, and within easy reach. One book in my possession recommends opening the abscess when suffocation is imminent; another says that puncturing the swelling may be tried. The necessity of the former of these recommendations is at once obvious; but I would be inclined to anticipate this critical state, which occurs after prolonged fever and suffering. As to puncturing, I do not know that I have found it of any service at all. A large incision, however, seldom fails, in my experience, to modify the course of the disease almost at once. A case I had a little time ago serves to illustrate this. I was called in the evening to see a patient who was said to be speechless and to have "lock-jaw." His snowy-white tongue, his pulse and temperature indicated high inflammatory fever. I opened his mouth, cautiously inserted a bistoury, and made a good long incision in the most prominent part of the swelling. Free venous bleeding ensued for some minutes, and soon after it ceased

the patient was asleep. In the morning, in reply to my question, he expressed himself as being "quite well." All the symptoms—constitutional and local—had vanished.

I have the greatest possible respect for the internal carotid artery, and no person can have a greater dislike for needless operations than I have. Here, however, there is a distinct object to be gained by operating, and, as regards the vessel in question, a vertical incision in the region of the tonsil cannot injure it, especially as in this complaint the swollen gland tends to push the artery outwards.

#### Cure of a Hepatic Hydatid by Puncture.

The following case is reported by Dr. F. A. A. Smith in the *Lancet*:

Mrs. K., aged forty-eight, struck her right side against the kitchen table about five months ago. She did not think anything about the accident, but soon afterwards felt a pain in the right side, which gradually enlarged, and extreme emaciation set in. Cancer was diagnosed by several medical men, and one thought the ribs were fractured. When I saw the patient, she was extremely weak and emaciated, and looked like a woman dying of cancer. On examination the ribs of the right side were found very prominent, with bulging of the intercostal spaces. Percussion dullness extended over the median line and downwards to nearly three inches below the ribs. The tumor felt firm and smooth, and gave one the impression of an enlarged liver. At a spot the size of a florin, an inch below the margin of the lower ribs, and two inches to the right of the median line slight fluctuation was felt. Diagnosing the case as one of either abscess or hydatid cyst, I plunged a No. 1 trocar and canula into the centre of the fluctuating spot, in a direction upwards and backwards, and drew off about six ounces of limpid, straw-colored fluid. A small piece of plaster was placed over the puncture, and a towel tied tightly round the abdomen. Nothing more was done, and the patient got rapidly well and is still alive. The only precautions I took were to stretch the skin so as to make the opening valvular and arrest the flow of liquid before the cyst was entirely emptied; thus no air was allowed to enter.

The interesting part of this case was the distinct history of a blow, and the rapid enlargement of the tumor and extreme emaciation. The fluid was examined carefully under the microscope, but no hooklets were detected.



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### REMEDIES FOR ALCOHOLISM.

This was the important subject selected for a lecture by Prof. Alglave, of Paris, in a recent discourse at the Sorbonne. In our country, where prohibition is so much a question of the day, and where the supporters of teetotalism, high license, moderate drinking, and low license, are equally honest, it is interesting to learn the experience of competent observers in the Old World.

Professor Alglave fully recognizes the baneful effects of excessive indulgence. He describes the efforts to restrain it. There are temperance societies of various sorts; there have been female crusaders praying and singing in drinking places. Drinkers would leave—perhaps driven away by the dreadful singing—but to return the next day. It was also tried to render drinking more difficult by restrictive legislation, lessening the number of drinking places; but all these devices have failed. Attempts to enforce total abstinence result only in propagating secret drinking and stronger beverages. Restrictive legislation has been just as ineffective, as is proved from the official records kept in Holland and Switzerland, the only two countries in which complete data are obtainable. The records show that the districts having the fewer drinking places are just those presenting the larger number of alcoholism cases. Two shaded maps for each country, being projected side by side on the screen, demonstrated that alcoholism had increased almost precisely in proportion with the decrease in number of drinking places.

Then, what is the remedy? M. Alglave is of opinion that man will drink notwithstanding all that can be done to prevent him, and he is convinced that the only way to lessen the evil is to allow the sale of no liquor or drink contaminated with the slightest trace of amylic alcohol. Thus, if drunkenness is not prevented, at least alcoholism will be. To attain this result is not an easy task, still it is quite feasible. It is not sufficient to enact severe penalties against the sale of liquors containing amylic alcohol; such a course is even unjust to the retail dealer, who will pertinently say: "If you chemists, with all your science and laboratories, require half a pint of the liquid and several days to test it, how am I to judge of its quality?"

M. Alglave proposes a sort of mitigated State monopoly. The State shall supply dealers with chemically pure liquors at a stated price, allowing a fair profit, and deliver them in small bottles only that cannot be filled again. To prevent refilling, there

are several devices, one of which he favors, consisting of the affixing of a government stamp over the stopper, and the prohibition to have more than one or two bottles under way at a time. No dealer shall be obliged to purchase State liquor, but a pure article being easily procurable, severe penalties shall be inflicted for the sale of impure liquors. He will be punished, not for defrauding the revenue—that is only venial sin, in the eyes of many—but for poisoning the people. Another advantage of the system is that it would yield an immense revenue, permitting them to lower the taxes on many things. Switzerland has substantially adopted its provisions, the colony of Martinique and Venezuela are going to do the same, and other countries are making inquiries with a view to study the expediency of this plan.

We recommend it to the advocates of temperance in the United States.

#### OPINIONS OF AN ENGLISH PHYSICIAN.

It is interesting to learn the opinions of an eminent physician concerning things in general touching the profession, and a desultory talk of the kind from an observing man is well worth attention. In this way we may characterize a recent address by a busy practitioner of London, on his recent election to the presidency of the Clinical Society of that great metropolis.

He expressed the opinion that pathology and therapeutics now go hand in hand. Diagnosis was one of the most important elements of success in the career of medical men. A well-known barrister of his acquaintance, in his post-prandial chat, was wont to say that, to paraphrase an aphorism of Demosthenes, the first element of success at the bar was good animal spirits; the second, good animal spirits; and the third, good animal spirits. In the same way, he would be disposed to say that the great element of success in medicine was diagnosis. By diagnosis he meant careful and exact localization of lesions. It was not diagnosis to say that a patient had paraplegia unless the nature and site of the lesion was ascertained. As to the mere fact of some cases proving exceptional, he recalled the saying of Sir James Paget, that "an exception to one rule was in reality the first indication of another and possibly unknown rule," and might therefore be the means of enabling the careful and attentive observer to carry out useful observation on a new line.

The physician can and often does point to the arrest of phthisis in individuals and com-

munities; the progress of Bright's disease might be staved off indefinitely if the patient only carried out the treatment laid down for him; but such cases scarcely admit of being shown, and in any case do not appeal to the attention in the same way as the more palpable results of the surgeon's intervention.

He deprecated anything in the nature of skepticism in regard to the use of drugs, and declared that when physicians used drugs they did so in good faith. Alluding to the class of drugs known as antipyretics, he said that, while they were useful in a certain category of cases, the mere knowledge that they lowered the temperature was not a sufficient justification for their use. It was necessary for the physician to know *how* the temperature was lowered before he ventured to lower it. The mere existence of fever was not a sufficient reason, and there were many cases in which it was doubtful whether a reduction in temperature was desirable or beneficial to the patient. The physician was not in a position to say that a high temperature was *per se* a symptom to be combated, since it might be a necessary item in the evolution of the morbid phenomena.

Referring to the employment of the salicylates in the treatment of acute rheumatism, he acknowledged that many of the inconveniences and sequæ of that disease were abridged or prevented by its use. At the same time he enjoined a certain caution, especially in prolonged courses of the drug. He said that, since its use had become general, he had certainly seen deaths from rheumatic fever of a kind he had not met with before.

#### EXTRAORDINARY POWERS IN THE FEEBLE-MINDED.

It is a strange but well known fact that, in many persons who are idiotic or but little removed from the mental condition of idiots, certain powers of the mind may be developed to an extraordinary degree.

Remarkable precocity in the power of arithmetical calculations is frequently combined with a positive deficiency in other directions. In institutions devoted to the care of feeble-minded children such examples are nearly always present. Deficient in some faculties, others are developed to excess. Some such can carve and draw with great skill. Extraordinary memory is often met with, associated with very great defect of reasoning. One boy, in reading Gibbon's "Rise and Fall of the Roman Empire,"

skipped a line on the third page at his first perusal. Ever after, when reciting from memory the stately periods of Gibbon, he would, on coming to the third page, skip the line and retrace his steps, just as when he first re-committed the passage to memory.

Often the memory takes the form of remembering dates and past events. One boy never failed to tell correctly the name and address of every confectioner's shop he had visited in London, and could as readily tell the date of every visit. The faculty of number is usually slightly developed in feeble-minded children, while memory is fairly well developed; yet occasionally the power of mental arithmetic has been well developed. Improvisation is an occasional faculty. Memory of tune is a very common faculty among the feeble-minded; they readily acquire simple airs, and rarely forget them.

In none of the cases of idiot *savants* has there been any history of the possession of a similar faculty by the parents or sisters or brothers. In one case a necropsy is reported by Dr. J. L. Down, of London. The boy had a remarkable, indeed perfect, appreciation of past or passing time. There was no difference from an ordinary brain, with the exception that there were two well-marked and distinct soft commissures. Dr. Down's explanation of the phenomenon was that, as every movement of the house was absolutely punctual, he had data from which he could estimate the time by accurate appreciation of its flux.

Every form of mental deviation may be met with in the congenital feeble-minded. They may become the subjects of acute and chronic mania, of acute and chronic melancholia, and of dementia. Occasionally under the influence of acute mania, the feeble intellect of the youth becomes fanned into a brighter flame. The taciturn may become loquacious; the timid and respectful, proud and defiant; the amiable and tractable, abusive and destructive. Three remarkable instances occurred to Dr. Down of boys who had never been able to speak making use of well-formed sentences during the high febrile state of acute pneumonia or scarlatina.

It is of much interest to report all such cases, as they throw great light on the workings of the human mind in health.

—A Dubuque, prohibition Iowa undertaker, recently ordered stock from a Michigan coffin manufactory, and added this postscript to the order: "Put in one of the caskets a gallon of Old Crow whisky, and bill as embalming fluid."

## NOTES AND COMMENTS.

### Horny Growth on the Penis.

Mr. Pearce Gould exhibited a specimen of horny growth on the penis to an English Medical Society. The patient was a man aged 50, who had had congenital phimosis. He first experienced difficulty in micturition about four years earlier, and was circumcised; the wound healed except in the middle line, where a small granulating surface remained; in connection with this surface two small warts developed; from the earliest formed a discharge commenced, and continued up to the time he came under Mr. Gould's care. On the middle of the upper surface of the glans was a sessile truncated horn of yellowish color, translucent, and of the size of a small marble. The penis was amputated, the inguinal glands removed, and the patient rapidly recovered. Microscopic sections of the horn prepared by Mr. L. Hudson, showed the usual epidermal structure, the cells being flattened, nucleated, and in regular superposed layers; no enlarged papillæ entered the base of the horn; the ulcer was epitheliomatous: the glands showed no secondary deposits. Reference was made to Sir Erasmus Wilson's collection of ninety cases of horns, of which five were on the penis, and to the later collection made by Lebert, of a hundred and nine cases from various sources, of which six were on the penis. Mr. Gould also mentioned other cases, and stated that his specimen was the fourteenth recorded case of horn on the penis. Some of the horns had reached a great size; in one recorded by Mr. Jewitt the horn was three inches and a half long, and three-quarter inch in diameter. In another recorded by Pick, the horn was two inches and a half long; in the case recorded by Mr. Gould, the patient was in the habit of paring the horn down. It had been shown that horns originated in three different ways: from the inferior or sebaceous cysts, which was the most frequent mode; from the matrix of nails; and from some change occurring in warts. Those on the glans penis belonged to the last group. Histologically they fell into two classes, the papillary and flat; the specimen shown was of the latter kind.

### The Administration of Phosphorus in Rickets.

The administration of phosphorus and of phosphates in rickets has been recommended, on the ground that in the diseased



bones the earthy phosphates are greatly deficient, and that, introduced into the system, these substances will supply the deficiency. Phosphorus, as is well known from the researches of Wegner, when given to growing animals, renders the developing cancellous tissue of the bones denser than natural, more like the compact tissue; even in adult animals, a similar change takes place. These results are independent, as Wegner showed, of the presence of excess of phosphates, for they occur when phosphates are absent from the food. Although, therefore, the reason for the administration of phosphorus in rickets is well grounded, medical men hold very different opinions as to its utility in that disease. Some have given it with cod-liver oil; as in Kassowitz's phosphorized cod-liver oil, which contains 0.01 per cent. of phosphorus. The objection to this mode of administration is not only that the phosphorus tends to deposit on standing, and thus a variable and even dangerous dose may be given, but it is impossible to say how much benefit (if any) that ensues is due to the oil, and how much to the phosphorus. A better mode of administration has been devised by Hasterlik. Phosphorus (0.01 per cent.) is dissolved in bisulphide of carbon (0.25 per cent.), and one hundred parts of water added; one teaspoonful is given twice daily, constituting a dose of 0.0001 gramme in the day. The bisulphide of carbon not only acts as a solvent for the phosphorus, but has, according to Dujardin-Beaumont, a beneficial effect in intestinal catarrh, and might thus be of service in the early stages of rickets. How far this preparation is beneficial in the disease has not yet been sufficiently ascertained.

#### Two Successful Cases of Removal of Enormous Cancerous Growths of the Superior Maxilla.

Dr. Leopold Servais, of Antwerp, read a paper on the above before the Medical Society of London. He discussed the anatomy of the parts concerned, and exhibited photographs of the patient before and after operation. The superior maxillary bones in both cases were involved to such an extent as to render their ablation necessary. He gave statistics of the frequency of the different varieties of tumors met with in this region. The first patient was a lad, aged 9, who was operated upon in October, 1883. The growth protruded from the mouth and measured 19 centimètres long and 23 centimètres in circumference. It was ulcerated in two

places. The general health of the patient was good. The tumor, which had been growing for six years, was smooth, and of the consistence of india-rubber. Dr. Servais followed Ferguson's method of removing it piecemeal. The patient lost a good deal of blood; nevertheless, his recovery was very rapid, and so far there had been no recurrence. The second case was that of a young woman, in whom the growth had begun at 11 years of age, and had always been the seat of very severe pain. Removal had been attempted on several occasions by surgeons, but the hæmorrhage had been so severe as to oblige them to desist. Caustics had also been tried without success, and after ten years' growth the tumor was as large as an adult head. The operation took five hours, but the patient recovered in about three months.

#### The Treatment of the Early Stages of Syphilis.

The *Journal of Cutaneous Diseases* states that Dr. Lipp, of Berlin, believes that the present method of early treatment of syphilis is still inadequate. Some physicians believe in attacking the disease energetically from the very onset, while others put off treatment until constitutional symptoms show themselves. Some of the first category have recommended excision of the primary lesion and extirpation of the infiltrated glands—an operation not easily carried out in a great number of cases, and one in which successes are reported only from scattered cases. The customary method of treating the disease only after constitutional symptoms have appeared has brought forth no essentially favorable results. The antidote to the poison must be employed quickly and in the right place. The physician must know the exact quantity of the drug he wishes to introduce into the system, and herein lies the advantage of the subcutaneous method. Another advantage offered is the possibility of bringing the specific remedy at once into contact with the lymphatic glands and nodes, where, after the initial lesion, the syphilitic process has its seat.

Dr. Lipp does not hesitate to say that in the treatment of syphilis the subcutaneous method seems to him indispensable. No other method so quickly softens and reduces lymphatic swellings. He employs for injection the tannate of mercury, as this preparation has given the best results in his hands, and never increases the daily dose beyond one-third grain.

**Effects of Syphilis on Pregnancy.**

In a recent number of the *Gazette des Hôpitaux* the following interesting conclusions are advanced:

1. Syphilis has an influence on the pregnant state by adding a complication, and by bringing about usually a premature birth.

2. The stage of the disease has an important influence.

3. Out of eight pregnancies in syphilitic women diseased for one or more years, two children lived, but were weakly.

4. Out of twelve women infected in the first four months of gestation, all children were born dead.

5. Syphilis acquired from the fourth to the sixth month of pregnancy is also very dangerous for the foetus, the half at least succumbing.

6. Syphilis acquired during the last three months of gestation gives a little over fifty per cent. of living children, and is less dangerous to the foetus than is maternal syphilis before impregnation.

7. Out of thirty-three pregnancies in syphilitic women, eight resulted in the birth of living children. Three-quarters terminated in the death of the foetus.

8. Syphilis may cause difficulties in labor and complications following it, but this is relatively rare.

9. To be efficacious, antisyphilitic treatment should be begun from the very commencement of pregnancy, and continued during the whole term. Treatment should be persistently carried out in these cases, to have an effect on subsequent pregnancies.

**Arsenical Wall-Papers.**

A writer in an English exchange mentions a simple test for arsenic in wall-papers. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pinpoint, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth inch wide, and one or two inches long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame, a gray coloration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic-like odor, due to the vapor of arsenic acid (test No. 2). Take the paper away from the flame, and look at the charred end—the carbon will be colored a bronze-red—this is copper reduced by the carbon (test No. 3); being now away from the flame in a fine

state of division, the copper is slightly oxidized by the air, and on placing the charred end a second time not too far into the flame, the flame will now be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arsenic is commonly used in preparing wall-paper. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.

**Test of Annatto in Butter.**

Mr. H. B. Cornwall gives in the *Pharmaceutical Record* the following as a reliable means for discovering annatto in butter:

About 5 grams of the warm filtered fat are dissolved in about 50 c. cm. of ordinary ether, in a wide tube, and the solution is vigorously shaken for 10 to 15 seconds, with 12 to 15 c. cm. of a very dilute solution of caustic potash of soda in water, only alkaline enough to give a distinct reaction with turmeric paper, and to remain alkaline after separating from the ethereal fat solution. The corked tube is set aside, and in a few hours, at most, the greater part of the aqueous solution, now colored more or less yellow by the annatto, can be drawn from beneath the ether with a pipette, or by a stop-cock below, in a sufficiently clear state to be evaporated to dryness and tested in the usual way with a drop of concentrated sulphuric acid.

Sometimes it is well to further purify the aqueous solution by shaking it with some fresh ether before evaporating it, and any fat globules that may float on its surface during evaporation should be removed by touching them with a slip of filtered paper, but the solution should not be filtered, because the filter paper may retain much of the coloring matter.

**The Infection of Wet-nurses by Syphilitic Sucklings.**

Professor Fournier, of Paris, in a clinical lecture, recently gave the history of a case in which an apparently healthy wet-nurse became, a fortnight after commencing her duties, the subject of an ulceration on the nipple, subsequently recognized as syphilitic. This, in the meantime, was naturally communicated to the infant. On inquiry, no history of syphilis could be traced, either on the part of the nurse or the parents of the infected infant; but it was ascertained that the nurse had already suckled an infant

which had succumbed to symptoms of undoubted syphilis. At the time, therefore, that she accepted the second engagement she was already infected, but the disease was in the period of incubation. Dr. Fournier said he had met with fourteen cases of this description, and advised greater care in the selection of wet-nurses. Two precautions were specially indicated, namely, to engage no woman who had suckled any other than her own child; and if this were not practicable, to require a medical certificate of the last infant's immunity from contagious disease.

#### Some Notes on the Collapse of Cholera.

Mr. William Sedgwick recently directed the attention of the Harveian Society of London to the arrested formation of the chief constituents of urine and bile as the cause of the suppression of those secretions during collapse. Attempts had been made to account for the absence of uræmic poisoning in cholera by what was known as the theory of vicarious secretion. Very little attention had been bestowed upon the absence of jaundice, although, in accordance with the theoretical opinion then entertained, there should be some tendency in cholera patients to become yellow or green, instead of simply blue. It had been suggested that the suppression of urine and bile was due to defective oxygenation of the blood. There was, however, no evidence from chemical analysis to support such a view; while the author had fully demonstrated that there was "an absolute reduction in the pulmonary interchange of gases, and, as the result of such reduction, an increase in the usual proportion of the oxygen absorbed." There was absolutely nothing in medical science to justify the retention of this theory of defective oxygenation; for it had been repeatedly disproved by chemical analysis, and it was physiologically unsound.

#### How to Administer Ergot.

A paper on "Ergot in Labor and Puerperal Convalescence" was recently read by Dr. T. A. Reamy, before the Cincinnati Academy of Medicine (says the *College and Clinical Record*), which embodied protests against the indiscriminate employment of this drug, and concluded with the following rules:

1. Ergot may properly be administered in small doses, say 10 to 20 drops of Squibb's fluid extract, before delivery, in cases of uterine inertia which resist other means, and

especially in women who are predisposed to hemorrhage,

2. It should be administered in full doses hypodermatically, or *per orem*, or both, in cases of post-partum hemorrhage.

3. When an anæsthetic has been freely used during the second stage of labor, it to some degree predisposes to post-partum hemorrhage. Ergot is, therefore, indicated.

4. It should be administered in small doses, two or three times daily during the period of puerperal convalescence, whenever a flabby uterus indicates it. In such cases there is no better combination than the pill recommended by Munde: One grain of extract of ergot, one grain of quinine, and one-fourth of a grain of extract of nux vomica.

#### Compound Dislocation of the Ankle-Joint.

Dr. W. L. Rodman, of Louisville, Ky., recently read a paper on this subject (says the *College and Clinical Record*) before the Louisville Medical Society, in which he laid down the following general rules:

1. An extensive lacerated wound with comminution of bones, caused by direct crushing violence, as railway cars, etc., will require amputation as a rule.

2. Advanced age makes amputation probable; yet one of the very worst cases reported by Cooper was that of a butcher, seventy-three years old, and of intemperate habits, who recovered rapidly.

3. Where the tibia was dislocated externally it makes a more serious wound than when internally, causing more injury to bone and softer parts. For this reason amputation will be necessary in a greater number of these cases than in internal luxations.

4. If a large vessel be divided, and at the same time the soft parts badly lacerated, amputation may be necessary. It is *not imperatively demanded*, as most authors state.

5. Excessive suppuration, great irritability of constitution, gangrene, tetanus, deformity, all may call for amputation secondarily.

#### The Climatic Treatment of Tuberculosis.

In a discussion of the "Lessons Taught by the Climatic Treatment of Tuberculosis," instituted by a paper recently read before the Cincinnati Medical Society, by Dr. R. B. Davy (*Cincinnati Lancet-Clinic*, February 5, 1887), the following important deductions were made by the author:

1. Tuberculosis is an infectious disease.

2. The infection depends more on quantity than quality of virus.

3. On the open tropical sea, where every



condition favoring the development of tuberculosis is present except the presence of tubercular spores, the disease speedily disappears.

4. The nearest approach to perfect immunity from tuberculosis is to be found on high mountains, where, on account of extreme thinness and accompanying dryness of the air, the tubercular organism cannot exist.

#### Treatment of Fever.

At a recent meeting of the Paris Biological Society, M. Albert Robin gave further details of his researches on the subject of fevers. In typhoid more especially, medicaments should be employed which increase oxidation, such as oxygen, cold baths, cutaneous derivatives, chlorate of potash, iodates, and bromates. Substances like sulphate of quinine and antipyrin, which diminish oxidation, should be avoided. Chlorate of potash, iodates and bromates must be given very cautiously, owing to the poisonous effects of large doses. M. Robin thinks that they may be replaced by drugs which indirectly favor oxidation, such as alcohol, copious draughts of fluid milk, etc. M. D'Arsonval stated that the results obtained by the use of cold baths, as described by M. Robin, agreed with his own investigations on the temperature of animals. In animals, however, oxygen did not increase heat.

#### Pumpkin Seed in Tapeworm.

In the *New Orleans Medical Journal*, Dr. Veazie relates the case of a boy treated as follows for tapeworm:

A large pumpkin was bought and made into pies. The seeds were dried and hulled, and the pockets of the little fellow filled with them. Whenever he got hungry he was given a piece of pie, about all he ate in twenty-four hours. In addition, he was encouraged to eat the seed quite freely. For one day he tried seed and pie exclusively. At night he was given 15 grains of kamela. The next morning the first thing he said to his father was: "Papa, the worm is dead." At nine o'clock he passed the worm, head and all. Its total length was 30 feet, which, added to the pieces which had been passed before and carefully measured, made altogether 40 feet. The little fellow is in excellent health.

#### Treatment of Typhoid Fever.

Dr. Bampton opened a discussion on the treatment of typhoid fever, before an Eng-

lish medical society, advocating the use of quinine in considerable doses, and cold applications to combat hyperpyrexia, where the cold bath treatment was not practicable. The administration of antipyrin had, in his hands, been followed by marked lowering of temperature, accompanied by sweating, and followed by refreshing sleep. No untoward symptoms were observed. Malt extract was suggested as a valuable dietetic adjuvant. The cautious return to farinaceous food, after the normal temperature had been reached, was insisted upon. Cardiac exhaustion in the later stages of the fever was best treated with old sherry, or other highly etherized wines. A discussion followed, in which a large number of members and visitors joined.

#### Poisoning by Iodoform.

In some statistics of this accident collected by Dr. Willemen out of seventy-nine cases he found thirty-four or forty-three per cent. occurring in persons of fifty years or over, twenty-nine per cent. of them being between fifty and sixty, fifty per cent. between sixty and seventy, and twenty-one per cent. over seventy years of age. Fifty-three per cent. of those over fifty years of age died from the effects of the poisoning. In most cases, the symptoms appeared first in the second week. An earlier beginning denoted a severe case. Death took place once in the sixth week, twice in the third, and in the other fatal cases, on an average of seven or eight days from the first onset. The third day is considered an especially fatal one.

#### Acute Pneumonia in Utero.

Dr. Strachan, of Kingston, Jamaica,, writes as follows to the *Brit. Med. Journal*: A patient, Nancy M., was admitted into the hospital under my care in December last, suffering from acute pneumonia (whole of left lung), and a history of illness covering the four days previous to admission. She was eight months pregnant. On the evening of the day of admission, her temperature was 103.6°, and she was delivered of a female infant. The infant died in less than twenty-four hours after birth with symptoms of acute pneumonia. A post-mortem examination showed acute pneumonic consolidation of the whole of the left lung. The mother made a good and rapid recovery.

#### Perityphlitis followed by Hip-Joint Disease.

Before an English medical society, Dr. Brady related a case in which a young man

had a severe attack of perityphlitis, which went on to form an abscess. This was opened, and a plum-stone was found in the discharge. Three months after the commencement of the disease, the patient complained of severe pain in the hip-joint of the same side, with distressing jerking of the whole limb. On examination, the joint was found to be affected, and pus began to form in many directions around it. The joint disease was treated in the usual way, and fifteen abscesses in all were opened before ankylosis resulted. A year after the commencement of the disease, the patient was able to walk, with a firmly ankylosed joint.

#### Suppositories of Peptone.

The *Pharmaceutical Record* states that German apothecaries prepare these suppositories with cacao butter, each containing 25 grains of peptone; they are mixed and kept cold to prevent the fat from becoming rancid.

In cases where patients cannot be nourished in the normal manner, they serve an excellent purpose, 15 grains of dried peptone equalling 2½ drams of meat in nutritive value.

Children may be given one suppository four times daily; grown persons, two three times daily. The suppository should be lubricated with olive oil, and the rectum previously cleansed by an enema.

#### Chronic Lead Poisoning.

In the course of a discussion on this subject in the *Boston M. and S. Jour.*, Dr. Bowditch said that a case had come under his observation, where the only discoverable source of the lead was the solder used in kettles in which the water was boiled.

Dr. Wadsworth mentioned a case of simple optic atrophy occurring in a painter, in consequence of lead-poisoning. Except this lesion, there were almost no other symptoms pointing to this source. He had slight numbness of the hands and rheumatism of the left shoulder. The tendon reflex was not altered. Within a year he had seen a case of optic neuritis, with paralysis of the muscles, from lead.

#### Reindeer Tendon as a Substitute for Catgut.

Dried reindeer tendon was first recommended as a very cheap, but effective substitute for catgut by Dr. Putiloff, of Ormsk, in 1884. In the *Vratch*, No. 1, 1887, M. Kriedener, a veterinary surgeon practicing

in the Trans-Petchora District, which is the home of the reindeer, writes that he has also used this material in several cases of operations upon animals with most satisfactory results. He is prepared to send specimens of the ligature in question, free of cost, to any surgeon who may be enterprising enough to write to him at the following address: Mokhtchenskaia, Potchtovaia Stantzia, Mezensky Uiezd, Arkhangelsk Government, Russia.

#### Treatment of Diabetes.

Dr. Austin Flint, of New York, has reported the details of 88 cases of diabetes. A study of the progress of these cases confirms the belief that, in uncomplicated cases, of not more than twelve months' standing, careful dietetic treatment, which usually is well borne, will always produce great improvement, will generally eliminate sugar from the urine, and will completely restore the general health, although relapses are very liable to occur if a moderate anti-diabetic diet be not continued for an indefinite period. Very little reliance is to be placed upon the use of drugs.

#### Entozoa and Pernicious Anæmia.

Dr. G. Reyher, writing on the etiology of pernicious anæmia (*Lancet*, January 29, 1887), points out that, in a large number of these cases a *Bothriocephalus latus* has been diagnosed and expelled by means of male fern, the patients subsequently recovering, and as the anæmia of miners is now known to be due to the *Anchylostomum duodenale*, it is possible that all cases are due to entozoa of one kind or another, and that therefore diligent search should always be made in the feces for the ova of tæniæ, etc. The treatment will in cases of successful search be obvious.

#### Ectopia Vesicæ.

Before an English medical society, Mr. Shattock showed a specimen of ectopia vesicæ in a male child, and made some observations on the anatomy of the malformation. He suggested that the condition might be explained by supposing that the primitive cloacal invagination, by undue extension upwards, laid open the anterior wall of the urino-genital sinus and the bladder. In confirmation of this view, he mentioned that epispadias occurred without ectopia, but not ectopia without epispadias.

**Chronic Dysentery.**

For chronic dysentery, with a great deal of pain, Prof. Da Costa directed as follows:

Allow only a mild diet, mostly of milk, but he may take oysters in small amounts, the milk to be diluted with lime-water. Give a one-grain suppository of extract of opium at night, to be repeated if pain persists.

Also—

R.	Bismuthi subnitratiss,	gr. xv.
	Pulv. ipecac. et opii,	gr. ij.
	Pulv. aromat.,	gr. ij.

M. Sig.—Take every third hour.

**The Blood in Leukæmia.**

According to Dr. Prus (*Medycyna*, No. 39, 1886, and *St. Petersburg Med. Wochenschrift*, No. 1, 1887, p. 1), who bases his statements on five cases of his own, leucine crystals are met with only in those cases of leukæmia in which the lymphatic glands are diseased. The number of Bizzozero's corpuscles is, as a rule, very considerable, while Charcot-Neumann crystals are very seldom found. Karyokinesis of leucocytes is always largely increased.

**Rhino-lithiasis and Lupus of the Nose.**

At a recent meeting of the St. Petersburg Medical Society, Dr. Lavr. V. Silitch showed (*Vratch*, No. 1, 1887, p. 16) calculi which he had removed from the nasal cavity of two patients suffering from lupus of the nose, with offensive discharge in the one case of four, and in the other of two years' duration. In one of the stones, the nucleus consisted of a piece of dead bone.

**Treatment of Diabetic Thirst.**

Duchenne recommends (*Nouveaux Remèdes*) the following mixture for the excessive thirst of diabetic patients:

R.	Phosphate of potassium,	2 parts.
	Water,	75 parts.

One teaspoonful should be given two or three times a day in a little wine or hop tea.

**NEWS AND MISCELLANY.****Small-pox Inoculation.**

In a lecture recently delivered at St. Mary's Hospital, London (says the *Lancet*), Mr. Shirley Murphy adduced some evidence to show that there was a probability that the virus of small-pox obtained from the initial vesicle produced by inoculation of small-pox differed in its action from that obtained from the general eruption; and he expressed the

opinion that it was probable the different results attending the operation of inoculation by various operators might be dependent upon the use of virus procured from the one or the other source. Thus of 182 inoculations performed in the years 1721 and 1722, three persons died, or nearly one in sixty; and in Dublin, in 1723, of twenty-three persons inoculated, three died. The not infrequent death from inoculated small-pox led at first to much opposition to this method of protection against natural small-pox, but later it was found that inoculation could be performed without risk.

In an account given by Sir George Baker of the extraordinary success attending the inoculations of Daniel Sutton, of Ingatesstone, in Essex, who in three years inoculated some 20,000 persons without bad result, he attributed this success to the fact that Sutton allowed his patients to enjoy fresh air during their illness; while Dr. Glass, of Glasgow, believed that Sutton's treatment in encouraging perspiration was responsible for their recovery. It is clear that Sutton professed to have a secret in his treatment, although this secret is only mentioned in relation to the composition of certain medicine; but Sir George Baker, curiously enough, observed that "What is extremely remarkable, he (Sutton) frequently inoculates people with the moisture taken from the arm before the eruption of small-pox;" and Dr. Chandler, who also witnessed Sutton's work, referred the chief benefit of his plan to the infecting humor being taken in a crude state "before it has been ultimately variolated by the succeeding fever." Baron Dimsdale, who took much interest in Sutton's proceedings, and subsequently himself practiced inoculation, closely imitated his method, and was very successful in his results. If, as Mr. Murphy pointed out, the virus of the initial vesicle differs in any respect from that of the general eruption, some difference may also be found in the ease with which the bovine animal is inoculated with the one and the other virus. Certainly this point deserves further investigation.

**Caring for the Insane.**

The Berks County Medical Society has notified the Lunacy Committee of the Board of Public Charities of the appointment of Drs. W. Murray Weidman, Martin Luther and Rudolph B. Schulze, all of Reading as a Board of Visitors for the Insane.

This is the twenty-sixth County Medical Society which has appointed such a Board.



The others have not been heard from. The idea was suggested at the annual convention of the State Medical Society at Wilkesbarre last June, when a resolution was adopted requesting the various County Societies to appoint visitors, with authority to inquire into the condition of the insane in the almshouses and hospitals in the respective counties. The State Committee on Lunacy then agreed to authorize such Boards to visit the various institutions, and requested that they act in conjunction with the Committee. The suggestion was received with favor, but owing to the absence of many of the leading members of the various County Societies throughout the State, nothing was done until near the close of the year. The County Societies then got down to work, and in the course of three weeks twenty-six of them appointed visitors, and so notified the Lunacy Committee. Some of these Societies appointed as many as seven of their number, but most of them appointed only three.

#### The Jews of the World.

The *Hebrew Annual* says that France contains 63,000 Jews; Germany, 562,000, of whom 39,000 inhabit Alsace and Lorraine; Austria-Hungary, 1,644,000, of whom 688,000 are in Galicia and 638,000 in Hungary proper; Italy, 40,000; Netherlands, 82,000; Roumania, 265,000; Russia, 2,552,000 (Russian Poland, 768,000); Turkey, 105,000; Belgium, 3,000; Bulgaria, 10,000; Switzerland, 7,000; Denmark, 4,000; Spain, 1,900; Gibraltar, 1,500; Greece, 3,000; Servia, 3,500; Sweden, 3,000. In Asia there are 300,000 of the race; Turkey in Asia has 195,000, of whom 25,000 are in Palestine, 47,000 are in Russian Asia, 18,000 in Persia, 14,000 in Central Asia, 1,900 in India, and 1,900 in China. In Africa, 8,000 Jews live in Egypt, 55,000 in Tunisia, 35,000 in Algeria, 60,000 in Morocco, 6,000 in the Tripolitan, and 200,000 in Abyssinia. America counts 230,000 among her citizens, and 20,000 more are distributed in other sections of the trans-Atlantic continents, while only 12,000 are scattered through Oceanica. In short, the entire total of the Hebrew race on the surface of the globe is 6,300,000.

#### Are They the Lost Tribes?

A correspondent, signing himself W. Tully, thus writes to the *Philadelphia Times*:

Having been for many years on our far Western frontiers, and being a close observer of the customs of the Indian tribes, I am convinced that they are the lost tribes of Is-

rael. In the first place, they believe in a Great Spirit and a happy hunting ground, corresponding to the Christian's God and heaven.

Second. They will not eat the flesh of the hog under any consideration. Having been through various tribes, it was the same.

Third. When an Indian is thirsty and comes to a stream of any drinking water he will not kneel down like a white man, but will squat down, form a sort of scoop out of his hand, throw the water into his mouth in a continual stream, until his thirst is appeased. Now, if we take a glance into the Book of Gideon we will find that when he marched to attack the Philistines that when he arrived at a certain brook all the men who knelt down were to be left behind and that those who lapped water by hand were to be selected. It appears from that account that there were three hundred, with which small number he smote the Philistine host and gained the victory.

Fourth. The Indians in their features bear a striking resemblance to the Jews.

#### Paris Hospitals a Century Ago.

The celebrated Hôtel Dieu, in Paris, only about one hundred years ago presented many features consistent neither with humanity nor the most rudimentary hygiene, as we understand the subject. A humane law forbade the hospital to turn away any patient seeking admission; but the law, apparently, did not insist upon the provision of the necessary space. The whole establishment covered only about three acres, and within this area there were crowded at one time over five thousand sick and injured people. It was computed that, without allowing anything for staircases, passages, and offices of various kinds, there must have been a sick person in every floor space of thirty square feet, right throughout the hospital—every floor space seven feet and a half long and four feet wide, that is to say. A large proportion of the beds were intended to hold four people, and into these six patients were frequently crowded. It is said to have been no unusual thing for two or three small-pox patients to have been huddled into a single bed, and as many as four women in childbirth were thus laid side by side. Indeed, if some accounts may be relied upon, things were at times far worse than this. The hospital seems to have been adapted only for times of normal public health. Any outbreak of epidemic disease crowded the place to a frightful extent.

**Photo-micrographs of Butter and Fat.**

Bernard Persh, hospital steward at the Frankford Arsenal, Philadelphia, has made a series of beautiful photographs, showing (under powers of 80 to 140 diameters and polarized light) oleomargarine, oleo, lard, marrow fat, beef fat, butter, and Taylor's "secondary butter crystals." In the photographs very marked differences appear between the various fats.

The importance of this subject is not to be under-estimated. The extent to which the manufacture of oleomargarine is carried on in the United States may be judged from the fact that the tax from this source alone for the month of November was estimated by Treasury officials to amount to \$400,000. (All oleomargarine and butterine now sold must pay a tax of two cents per pound, and must be plainly designated to distinguish it from butter.)

**Beecher's Voice in the Phonograph.**

In the house of Thomas A. Edison, at Llewellyn Park, is a remarkable memento of Beecher. The inventor's phonograph for impressing on a soft metal sheet the utterances of the human voice, and then emitting it again by the turning of a crank has never been put to any very valuable use, and Edison has only gathered from it a few thousand dollars in royalties from exhibitors. But he utilized it to make a collection of famous voices. Since he became famous his visitors have included hundreds of celebrities. Instead of asking them for their autographs or photographs, he has in two or three hundred instances requested them to speak a few sentences into a phonograph. He has kept the plates in a cabinet, and occasionally he runs some of them through the machine, which sends out the words exactly as uttered. Edison is probably the only man who can revive the silenced voice of the great preacher.

**In Memory of Arctic Surgeon Ambler.**

The memory of the late Dr. James Markham Ambler, surgeon of the ill-starred Jeannette, who died in the Arctic regions, has been honored by the hanging of a bronze tablet five feet long by three and a half wide, in the Corcoran Art Gallery at Washington. The design is a classic one, with a medallion portrait of the subject on its face. Below this is a representation of a scene on the banks of the Lena Delta, in which Dr. Ambler is represented as performing his duties toward the sick members of the party, while

waving his hand in farewell to the two men who are leaving in search of help, after a vain attempt to persuade him to accompany them. The inscription gives the subject's name and date of death, and closes with the words, "Duty stronger than love of life."

**Diploma Mill in Maine.**

The *Boston Herald* has recently ventilated an extensive diploma industry in Lewiston, Me., a representative of that paper, who says that he is innocent of any knowledge of medicine, having obtained without difficulty a diploma from the Maine Branch of the "Druidic University of America." As this "Branch" is incorporated under the State law, the people of the State must now pay the expenses of "a joint special committee" from the House and a few Senators, "to inquire into the expediency of repealing" the character of the Maine Branch and the Maine Eclectic Medical College.

**A Strange Malady in a Delaware Town.**

News comes from Lewes, Del., that a malady has stricken the town, and that it was all brought about by a very lively old-fashioned meeting in the Methodist church. People became very warm and excited in the crowded, ill-ventilated church, and when they left for their homes many took severe colds. It is said that "dry measles" followed in a most virulent form, and that over 100 cases are reported. It is also claimed that five persons have died from the strangely-contracted malady.

**Official List of Changes**

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE  
UNITED STATES MARINE HOSPITAL SERVICE,  
FOR THE FIVE WEEKS ENDED MARCH  
5, 1887.

Guiteras, John, passed assistant surgeon. Granted leave of absence for twenty-one days, February 28, 1887.

Pettus, W. J., assistant surgeon. To proceed to Charleston, S. C., for temporary duty, February 28, 1887.

**A Fund Left to Harvard College for  
Astronomical Research.**

The President and Fellows of Harvard College have recently come into possession of a munificent bequest of \$230,000 and upwards, which is applicable only for purposes of special astronomical investigation, at such an elevation as to be free, so far as practica-

ble, from the impediments to accurate observations which occur in observatories now existing owing to atmospheric influence.

#### A New Explosive for Russia.

The experiments with a new explosive, which have been made under the supervision of the government, have been attended with great success. The explosive possesses fifteen times greater destructive power than gunpowder. It does not produce any smoke.

#### Personals.

—Dr. Marcy, of Camden, writes from St. Augustine, Florida, that he is rapidly regaining his health.

—Dr. T. Hollingsworth Andrews will direct the arrangements for the dinner of the Alumni Association of the Jefferson Medical College, which takes place on Monday, April 4th.

—Dr. J. Ewing Mears delivered the recent annual address before the Philadelphia Academy of Surgery.

#### Items.

—A citizen of Durand, Wis., scotting down on his toboggan, ran into a cow and knocked her legs out from under her, and she sat down on him and crushed him nearly as flat as his toboggan.

—A fourteen-year-old scholar in the district school near Vandalia, Ill., took a swallow from his ink bottle the other day to see how it would taste. The next morning he died. His physician said that the ink contained a deadly poison.

—"And now," concluded the revivalist, "if there is any one here who wants to ask any question, let him be heard." "I'd like to know," said a bald-headed sinner, rising in the back seat, "how many marbles have been dropped on my head by those scalliwags in the gallery. I'm no pavement."

—A bad boy in a Massachusetts village surprised and pleased his teacher by promising to contribute a fine steel engraving of Washington to aid in decorating the school-room on February 22. The teacher left a large space among the evergreen trimmings on the wall, and the boy brought her a two-cent postage stamp.

—A test for oleomargarine has been found. It is as follows: Take the sample of supposed butter to be tested, and if you find a red hair as long as your arm, you may be satisfied that a woman made it, and that it

is genuine butter, as oleomargarine is manufactured exclusively by short-haired or bald-headed men.

"The Hymen in Mexico" is the rather sensational title of a recently-published work. The author states that the complete absence of the hymen in Mexican virgins is very rare. Apart from this, however, the book contains no startling items of information, but treats of the subject chiefly from a medico-legal point of view.

—A prize of 50,000 francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. M. Bertrand, of the Académie des Sciences, is chairman of the committee of award.

—Has quinine ever killed anybody? It would be interesting to learn of a case of serious danger resulting from an overdose, for quinine substitutes are now and again causing unanticipated results. A practitioner in Lausanne had a phthisical patient under his charge, who died from swallowing half a bottleful of a mixture which contained 24 grains of antipyrin; and another had a patient who became comatose, and so remained for three days, after taking 3 grammes of the remedy.

#### OBITUARY NOTICE.

JAMES PORTER PECK, M. D.

Dr. J. P. Peck, of Omaha, died recently, in the 60th year of his age. Dr. Peck was the oldest practicing physician in the city of Omaha, and a man well known and universally esteemed. His health had not been of the best for some time, but he attended to his daily duties until near the end. At that time an affection of the heart developed, accompanied by sinking spells, and the symptoms gradually developed until they proved fatal.

James Porter Peck was born in Summit County, Ohio, October 11, 1821. In the spring of 1850 he graduated at the Cleveland Medical College, and in June was married to Miss Elizabeth H. Quies. He located in Akron, and remained there until 1856, when with his wife and two sons he removed to Omaha.

Dr. Peck was one of the landmarks of Omaha, where he had lived for the last thirty years. He was a man of the strictest integrity and one of the purest of men. His professional brethren esteemed him highly, and those of the people who knew him placed the utmost confidence in him.